

TEST #1

FORMS REQUIRED: FORM 1040EZ

INFORMATION RETURNS ATTACHED:

W-2 (1)

ENTRIES NOT REQUIRING FORMS:

FORM 1040EZ, LINE 2:	63	
FORM 1040EZ, LINE 3:	200	
FORM 1040EZ, LINE 8b:	6,700	COMBAT PAY

STATEMENTS:

OTHER: DIRECT DEPOSIT
COMBAT LOCATION - IRAQ

THIRD PARTY DESIGNEE:

Name: JOHN DOE
Phone: 888-555-1111
PIN: 11125

PREPARED BY:

TAXPAYER:

NAME:	TEST I WHY	SSN:	400-00-1001
DOB:	8/19/1970	OCCUPATION:	MILITARY
DISABLED:	NO	PRES ELEC FUND:	NO
DAYTIME PHONE:	NOT GIVEN	BLIND:	NO

SPOUSE:

NAME:	GWEN R KNOTT	SSN:	400-00-2001
DOB:	6/3/1973	OCCUPATION:	HOMEMAKER
DISABLED:	NO	PRES ELEC FUND:	NO
		BLIND:	NO

CHECK DIGITS FROM IRS LABEL: HS

ADDRESS: 12457 WILSHIRE-ON-THE-HAMPTONS BLVD
WYNOT, NE 68792

FILING STATUS: MARRIED FILING JOINTLY

DIRECT DEPOSIT:

NAME OF INSTITUTION: PLAINS CREDIT UNION
RTN: 123456780
ACCT#: 02135763
TYPE OF ACCOUNT: CHECKING

ETD TRANSMISSION:
FORM 4868:

LINE 4:	0
LINE 5:	399
LINE 6:	0

TEST #2

FORMS REQUIRED: FORM 1040EZ, FORM 8862

INFORMATION RETURNS ATTACHED: FORM W-2 (1)

ENTRIES NOT REQUIRING FORMS: FORM 1040EZ, LINE 2: 370

STATEMENTS:

OTHER: EIC WAS DENIED IN 2004
401(k) DISTRIBUTIONS RECEIVED IN 2004: 800

THIRD PARTY DESIGNEE: NONE

PREPARED BY:

TAXPAYER

NAME:	TEST A EAU DE TOILETTE	SSN:	400-00-1002
DOB:	2/14/1977	OCCUPATION:	SALES CLERK
DISABLED:	NO	PRES ELEC FUND:	YES
DAYTIME PHONE:	NOT GIVEN	BLIND:	NO

CHECK DIGITS FROM IRS LABEL: TV

ADDRESS: 5 GOTTA SMELL GOOD ST
COLOGNE, MN 55322

FILING STATUS: SINGLE

FORM 8862:

PART I:

LINE 1: 2005

LINE 2: NO

LINE 3: NO

PART II:

LINE 4: 365

ETD TRANSMISSION:

FORM 4868:

LINE 4: 116

LINE 5: 257

LINE 6: 0

TEST #3**FORMS REQUIRED:** FORM 1040EZ**INFORMATION RETURNS ATTACHED:**
FORM W-2 (1)**ENTRIES NOT REQUIRING FORMS:**
FORM 1040EZ, LINE 2: 270**STATEMENTS:****OTHER:** DIRECT DEPOSIT
DEPENDENT OF ANOTHER**THIRD PARTY DESIGNEE:** NONE**PREPARED BY:** TAXPAYER

TAXPAYER:

NAME:	TEST N ERTIA	SSN:	400-00-1003
DOB:	9/5/1990	OCCUPATION:	COOK
DISABLED:	NO	PRES ELEC FUND:	NO
DAYTIME PHONE:	305-678-9012	BLIND:	NO

CHECK DIGITS FROM IRS LABEL: FY

ADDRESS: 215 LAID BACK WAY
LAZY POINT, NY 11930-2150

FILING STATUS: SINGLE

DIRECT DEPOSIT:

NAME OF INSTITUTION:	LAST SAVINGS BANK
RTN:	012456778
ACCT #:	111-222-3456
TYPE OF ACCT:	SAVINGS

ETD TRANSMISSION:

FORM 4868:	
LINE 4:	2
LINE 5:	300
LINE 6:	0

TEST #4**FORMS REQUIRED:** FORM 1040A, FORM 8812**INFORMATION RETURNS ATTACHED:** FORM W-2 (2)**ENTRIES NOT REQUIRING FORMS:****STATEMENTS:****OTHER:** THE DEPENDENT SSN DISQUALIFIES EIC
TAXPAYER HAS FORM 8332 FROM CUSTODIAL PARENT TO ATTACH TO RETURN**THIRD PARTY DESIGNEE:** NONE**PREPARED BY:** TAXPAYER

TAXPAYER:

NAME:	TEST N BLOWNAPART	SSN:	400-00-1004
DOB:	4/15/1963	OCCUPATION:	WELDER
DISABLED:	NO	PRES ELEC	
DAYTIME PHONE:	NOT GIVEN	FUND:	NO
		BLIND:	NO

SPOUSE:

NAME:	FREDA T BLOWNAPART	SSN:	400-00-2004
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CHECK DIGITS FROM IRS LABEL: CB

ADDRESS: 781 WATERLOO WAY
NAPOLEON, MI 49261

FILING STATUS: MARRIED FILING SEPARATELY **LINE 6d:** 3

DEPENDENT INFORMATION:

NAME	AGE	SSN	RELATIONSHIP	# MO	CHILD TAX CREDIT
JOSEPHINE BATTLE	16	900-78-3004	DAUGHTER	0	X
JACKIE CLAWS	70	400-00-4004	PARENT	12	

NOTE: CHILD CLAIMED AS DEPENDENT BUT DID NOT LIVE WITH TAXPAYER

ETD TRANSMISSION:**FORM 4868:**

LINE 4:	0
LINE 5:	2,586
LINE 6:	0

TEST #5**FORMS REQUIRED:** FORM 1040A, SCH 1, FORM PMT**INFORMATION RETURNS ATTACHED:** FORM W-2 (2)**ENTRIES NOT REQUIRING FORMS:****STATEMENTS:****OTHER:** DEPENDENT OF ANOTHER
DIRECT DEBIT**THIRD PARTY DESIGNEE:** NONE**PREPARED BY:** TAXPAYER

TAXPAYER:**NAME:** TEST O MAPLE
DOB: 4/15/1987
DISABLED: NO
DAYTIME PHONE: 201-555-1111**SSN:** 400-00-1005
OCCUPATION: TREE TRIMMER
PRES ELEC FUND: YES
BLIND: NO**CHECK DIGITS FROM IRS LABEL:** KX

ADDRESS: 7842 WEEPING WILLOW LN
AUDUBON, NJ 08106-7842

FILING STATUS: SINGLE **LINE 6d:** 0

SCHEDULE 1:**PART I:****LINE 1:** FIRST SECURITY 6,500
MONEY BANK 1,000 TAX EXEMPT**PART II:****LINE 5:** DOW SMITH 3,000 NON-QUALIFIED

FORM PAYMENT: ACH DEBIT**RTN:** 012345672
ACCT #: 1234000000
TYPE OF ACCT: CHECKING
AMOUNT OF PAYMENT: 10
REQUESTED PAYMENT DATE: 4/17/2006
TAXPAYERS DAYTIME PHONE: 201-555-1111
TYPE OF FORM BEING FILED: 1040A

PRACTITIONER PIN INFORMATION:

JURAT/DISCLOSURE VERSION INDICATOR: D
PAID PREPARER SIGNATURE: EFIN + 28734
PRIMARY TAXPAYER SIGNATURE: 19821
PIN TYPE: p

AUTHENTICATION RECORD:

TAXPAYER SIGNATURE DATE: 3/21/2006

ETD TRANSMISSION:

FORM 9465:

LINE 3: (201) 555-1003; 10:00PM
LINE 4: (201) 555-1111; (no ext); 9:00AM
LINE 5: FIRST SECURITY
21 MAIN ST
AUDUBON NJ 08106-0021
LINE 6: OAKLEYS YARD AND GARDEN
87 KUDZU CENTER
AUDUBON NJ 08106

LINE 7: FORM 1040A
LINE 8: 2005
LINE 9: 54
LINE 10: 10
LINE 11: 26
LINE 12: 1

LINE 13(a): 012345672
LINE 13(b): 1234000000
ACCOUNT TYPE: CHECKING

TAXPAYER PIN: 19821
PRIOR YEAR AGI: 0
SIGNATURE DATE: 4/17/2006

TEST #6

FORMS REQUIRED: FORM 1040A, SCH 1, SCH 3

INFORMATION RETURNS ATTACHED: FORM 1099-R (2)

ENTRIES NOT REQUIRING FORMS: FORM 1040A, LINE 40: 500
FORM 1040A, LINE 46: 125

STATEMENTS:

OTHER: TOTAL SOCIAL SECURITY BENEFITS RECEIVED: 33

THIRD PARTY DESIGNEE:

NAME: JOHN DOE
PHONE: 888-555-1111
PIN: 11122

PREPARED BY:**TAXPAYER:**

NAME:	TEST P BARRELL	SSN:	400-00-1006
DOB:	6/18/1938	OCCUPATION:	RETIRED
DISABLED:	NO	PRES ELEC FUND:	YES
DAYTIME PHONE:	NOT GIVEN	BLIND:	NO

CHECK DIGITS FROM IRS LABEL: NZ

ADDRESS: 25000 HAM AND BACON JUNCTION
PIG TOWN, MD 21230

FILING STATUS: QUALIFYING WIDOW(ER) **LINE 6d:** 2
YEAR SPOUSE DIED: 2004

DEPENDENT INFORMATION:

NAME	AGE	SSN	RELATIONSHIP	# MO	CHILD TAX CREDIT
ROLAND BARRELL	19	400-55-3006	FOSTERCHILD	12	
NOTE:	<i>DEPENDENT IS A STUDENT</i>				

SCHEDULE 1:**PART I:**

LINE 1:	BEST SAVINGS	6,000
	FORTUNE BANK	4,000

SCHEDULE 3:

PART I:

LINE 1: X

ETD TRANSMISSION:

FORM 4868:

LINE 4: 1

LINE 5: 700

LINE 6: 0

TEST #7**FORMS REQUIRED:** FORM 1040A, FORM 8880**INFORMATION RETURNS ATTACHED:** FORM W-2 (1)**ENTRIES NOT REQUIRING FORMS:**

FORM 1040A, LINE 9a:	200
FORM 1040A, LINE 9b:	100
FORM 1040A, LINE 10:	2,500
FORM 1040A, LINE 13:	200
FORM 1040A, LINE 16:	250
FORM 1040A, LINE 17:	2,000
FORM 1040A, LINE 19:	1,250

STATEMENTS:**OTHER:** DIRECT DEPOSIT**THIRD PARTY DESIGNEE:** NONE**PREPARED BY:**

TAXPAYER:

NAME:	TEST T BEHAVIOR	SSN:	400-00-1007
DOB:	1/1/1966	OCCUPATION:	COUNSELOR
DISABLED:	NO	PRES ELEC FUND:	NO
DAYTIME PHONE:	NOT GIVEN	BLIND:	NO

CHECK DIGITS FROM IRS LABEL: YJ

ADDRESS: 1215 LONG ST
MORGAN, GA 31766

FILING STATUS:	HEAD OF HOUSEHOLD	LINE 6d:	1
HOH QUALIFYING NAME:	DARRELL BEHAVIOR	SSN:	400-55-3007

NOTE: *DEPENDENT LIVED WITH TAXPAYER BUT IS CLAIMED ON SPOUSE'S RETURN FOR THE EXEMPTION*

DIRECT DEPOSIT:

NAME OF INSTITUTION:	FIRST SAVINGS BANK
RTN:	012456778
ACCT#:	111-222-5555
TYPE OF ACCOUNT:	CHECKING

FORM 8880:

LINE 1:	2,000
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ETD TRANSMISSION:

FORM 4868:

LINE 4:	0
LINE 5:	750
LINE 6:	0

TEST #8

FORMS REQUIRED: FORM 1040, FORM 1310, FORM 4136, FORM 8880

INFORMATION RETURNS ATTACHED:
FORM W-2 (1)

ENTRIES NOT REQUIRING FORMS:

FORM 1040, LINE 8a:	290	
FORM 1040, LINE 9a:	223	(NON-QUALIFIED)
FORM 1040, LINE 19:	3,560	
FORM 1040, LINE 32:	1,000	

STATEMENTS:

OTHER: FED/STATE TEST RETURN - FULL YEAR STATE RESIDENT
TAXPAYER HAS FORM 8332 FROM CUSTODIAL PARENT TO ATTACH TO RETURN
TAXPAYER DIED 10/15/2005

THIRD PARTY DESIGNEE:

NAME: IMA LUCKYONE II
PHONE: 888-555-1212
PIN: 12345

PREPARED BY:

TAXPAYER:

NAME:	TEST M LUCKY	SSN:	400-00-1008
DOB:	2/15/1966	OCCUPATION:	GROUNDKEEPER
DISABLED:	NO	PRES ELEC FUND:	YES
DAYTIME PHONE:	NOT GIVEN	BLIND:	NO

CHECK DIGITS FROM IRS LABEL: LR

ADDRESS: 13 WINNERS CIR
HORSE SHOE, NC 28742

NOTE: JOINT ELECTRONIC FILING FOR STATES OTHER THAN NORTH CAROLINA
REQUIRE CHANGING STATE/ZIP ON FORMS 1040 AND W-2 AS FOLLOWS:

ALABAMA	AL	36427	MONTANA	MT	59835
ARKANSAS	AR	71655	NEBRASKA	NE	68123
ARIZONA	AZ	85014	NEW JERSEY	NJ	07066
COLORADO	CO	80045	NEW MEXICO	NM	87035
CONNECTICUT	CT	06511	NEW YORK	NY	13802
DELAWARE	DE	19877	NORTH DAKOTA	ND	58504
GEORGIA	GA	30055	OHIO	OH	45334
HAWAII	HI	96809	OKLAHOMA	OK	73091
IDAHO	ID	83388	OREGON	OR	97899

ILLINOIS	IL	62794
INDIANA	IN	46011
IOWA	IA	50288
KANSAS	KS	66109
KENTUCKY	KY	45275
LOUISIANA	LA	71749
MARYLAND	MD	21411
MICHIGAN	MI	48017
MISSISSIPPI	MS	38642
MISSOURI	MO	63111

PENNSYLVANIA	PA	17128
RHODE ISLAND	RI	02866
SOUTH CAROLINA	SC	29913
UTAH	UT	84063
VERMONT	VT	05609
VIRGINIA	VA	24611
WEST VIRGINIA	WV	26161
WISCONSIN	WI	53424
WASHINGTON	DC	20202

FILING STATUS: SINGLE

LINE 6d: 2

DEPENDENT INFORMATION:

NAME	AGE	SSN	RELATIONSHIP	# MO	CHILD TAX CREDIT
GOTTABE LUCKY	7	400-55-3008	SON	00	X

NOTE 1: CHILD CLAIMED AS DEPENDENT BUT DID NOT LIVE WITH TAXPAYER

NOTE 2: TAXPAYER DID NOT MEET QUALIFICATIONS FOR HEAD OF HOUSEHOLD

FORM 1310:

CALENDAR YEAR DECEDENT WAS DUE REFUND:

2005

NAME OF DECEDENT:

TEST M LUCKY

DATE OF DEATH:

10/15/2005

DECEDENT'S SSN:

400-00-1008

NAME OF PERSON CLAIMING REFUND:

JOHN M LUCKY

PERSON CLAIMING REFUND SSN:

400-55-1008

HOME ADDRESS:

13 WILLOW BRANCH

CITY, STATE, ZIP:

HORSE SHOE, NC 28742

PART I:

LINE C: X

PART II:

LINE 1: NO

LINE 2(a): NO

LINE 2(b): NO

LINE 3: YES

DATE CLAIM FOR REFUND WAS SIGNED: 10/15/2006

FORM 4136:

	(a)	(c)
LINE 1c:	03	560

NOTE: USE RATE FOR PRE SEPTEMBER 30, 2005

FORM 8880:

LINE 1: 1,000

ETD TRANSMISSION:

FORM 4868:

LINE 4: 436

LINE 5: 903

LINE 6: 0

TEST #9**FORMS REQUIRED:** FORM 1040, SCH A, FORM 2120**INFORMATION RETURNS ATTACHED:**

FORM W-2 (1)

ENTRIES NOT REQUIRING FORMS:

FORM 1040, LINE 23: 250

STATEMENTS:**OTHER:** SPOUSE ITEMIZES DEDUCTIONS**THIRD PARTY
DESIGNEE:** NONE**PREPARED BY:** TAXPAYER**TAXPAYER:**

NAME:	TEST C ACAPPELLA	SSN:	400-00-1009
DOB:	3/16/1969	OCCUPATION:	TEACHER
DISABLED:	NO	PRES ELEC FUND:	YES
DAYTIME PHONE:	314-555-1008	BLIND:	NO

SPOUSE:

NAME:	DUET ACAPPELLA	SSN:	400-00-2009
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CHECK DIGITS FROM IRS LABEL: QQ**ADDRESS:** 4 QUARTET CTR
SOLO, MO 65564**FILING STATUS:** MARRIED FILING SEPARATELY **LINE 6d:** 2

DEPENDENT INFORMATION:					CHILD TAX
NAME	AGE	SSN	RELATIONSHIP	# MO	CREDIT
FORTISSIMO ARIA	12	400-55-3009	DAUGHTER	00	X

NOTE: CHILD CLAIMED AS DEPENDENT BUT DID NOT LIVE WITH TAXPAYER**SCHEDULE A:**

LINE 5a:	X
LINE 5:	800
LINE 10:	1,300

FORM 2120:

FOR CALENDAR YEAR: 2005
PERSON BEING CLAIMED: FORTISSIMO
ARIA
PERSON NOT CLAIMING CHILD INFORMATION: TRIO ARIA, 400-55-4009
3 KINGSTON
TRIO ST
SOLO, MO
65564

NOTE: ORIGINAL SIGNATURE MAINTAINED ON FILE SIGNATURE DATE: 12/31/2005

ETD TRANSMISSION:

FORM 9465:

LINE 3: (LEAVE BLANK)
LINE 4: (314)555-1008; EXT 1245; 8:00AM
LINE 5: NONE
LINE 6: SOLO CITY ORCHESTRA
SOLO CENTER SUITE 420
SOLO, MO 65564

LINE 7: FORM 1040
LINE 8: 2005
LINE 9: 64
LINE 10: 14
LINE 11: 25
LINE 12: 1

TAXPAYER PIN: 19821
PRIOR YEAR AGI: 0
SIGNATURE DATE: 4/15/2006

TEST #10

FORMS REQUIRED: FORM 1040A, SCH EIC, FORM 8812

INFORMATION RETURNS ATTACHED:
FORM W-2 (2)

ENTRIES NOT REQUIRING FORMS:

FORM 1040A, LINE 19:	250	
FORM 1040A, LINE 37:	412	FROM FORM W-2
FORM 1040A, LINE 41b:	2,000	COMBAT PAY

STATEMENTS:

OTHER: COMBAT LOCATION - IRAQ

THIRD PARTY DESIGNEE:

NAME: JANE SMITH
PHONE: 123-456-7890
PIN: 34567

PREPARED BY:

TAXPAYER:

NAME:	TEST U PHROZINTOWES	SSN:	400-00-1010
DOB:	6/12/1969	OCCUPATION:	CLERICAL
DISABLED:	NO	PRES ELEC FUND:	YES
DAYTIME PHONE:	NOT GIVEN	BLIND:	NO

CHECK DIGITS FROM IRS LABEL: IA

ADDRESS: 1832 NORTH POLE LN
COLDFOOT, AK 99701

FILING STATUS: HEAD OF HOUSEHOLD **LINE 6d:** 4

DEPENDENT INFORMATION:

					CHILD TAX
NAME	AGE	SSN	RELATIONSHIP	# MO	CREDIT
JESSICA LEE	15	400-55-3010	DAUGHTER	12	X
TAMMY TY	11	400-55-4010	FOSTERCHILD	12	X
SAMMY PHROZINTOWES	7	400-55-5010	SON	12	X

SCHEDULE EIC:

	(CHILD 1)	(CHILD 2)
LINE 1:	SAMMY PHROZINTOWES	TAMMY TY
LINE 2:	400-55-5010	400-55-4010
LINE 3:	1998	1994
LINE 5:	SON	FOSTERCHILD
LINE 6:	12	12

ETD TRANSMISSION:

FORM 4868:

LINE 4:	412
LINE 5:	5,713
LINE 6:	0

TEST #11

FORMS REQUIRED: FORM 1040, SCH EIC, FORM 2106, FORM 4137, FORM 8862

INFORMATION RETURNS ATTACHED: FORM W-2 (15)

ENTRIES NOT REQUIRING FORMS:

STATEMENTS:

OTHER: DIRECT DEPOSIT
EIC WAS DENIED IN 2004

THIRD PARTY DESIGNEE: NONE

PREPARED BY:

TAXPAYER:

NAME:	TEST T HUNTER	SSN:	400-00-1011
DOB:	3/16/1969	OCCUPATION:	MUSICIAN
DISABLED:	NO	PRES ELEC FUND:	NO
DAYTIME PHONE:	205-555-1020	BLIND:	NO

CHECK DIGITS FROM IRS LABEL: RY

ADDRESS: 1234 LUKE THOMAS BLVD
QUINTON, AL 35130

FILING STATUS: SINGLE **LINE 6d:** 1

DIRECT DEPOSIT:

NAME OF INSTITUTION: MOUNTAIN STATE BANK
RTN: 053111674
ACCT#: 123-444-5678
TYPE OF ACCOUNT: CHECKING

SCHEDULE EIC:

(CHILD 1)

LINE 1: DEERE HUNTER
LINE 2: 400-55-3011
LINE 3: 1987
LINE 5: SON
LINE 6: 12

NOTE: ALTHOUGH DEERE HUNTER LIVED WITH TAXPAYER 12 MONTHS, HE IS BEING CLAIMED AS A DEPENDENT ON ANOTHER'S RETURN. ALSO, TEST HUNTER DID NOT MEET THE REQUIREMENTS FOR HEAD OF HOUSEHOLD FILING STATUS.
DEERE HUNTER WAS AGE 18 AT THE END OF 2005.

FORM 2106

NAME: TEST T HUNTER **SSN:** 400-00-1011
OCCUPATION: MUSICIAN
LINE 4: 625
NOTE: TAXPAYER IS A QUALIFIED PERFORMING ARTIST

FORM 4137:

NAME: TEST T HUNTER **SSN:** 400-00-1011
NAME OF EMPLOYER: MUSIC ROW CONCERTS CONCERT 2
LINE 1: 500
SCHEDULE U:
OCCUPATION: MUSICIAN

FORM 8862:

PART I:
LINE 1: 2005
LINE 2: NO
LINE 3: NO
PART III:
LINE 6a: 365
LINE 8a: 1234 LUKE THOMAS BLVD
QUINTON, AL 35130
LINE 9: NO

ETD TRANSMISSION:**FORM 4868:**

LINE 4: 751
LINE 5: 2,828
LINE 6: 0

TEST #12**FORMS REQUIRED:** FORM 1040, SCH EIC, FORM 4970, FORM 8812**INFORMATION RETURNS ATTACHED:**

FORM W-2 (2)

ENTRIES NOT REQUIRING FORMS:

FORM 1040, LINE 19:	6,000	
FORM 1040, LINE 31a:	1,200	
SSN:	400-55-5012	
FORM 1040, LINE 31a	2,000	
SSN:	400-55-6012	
FORM 1040, LINE 61:	500	
FORM 1040, LINE 66b:	4,525	COMBAT PAY
FORM 1040, LINE 74:	500	

STATEMENTS: FORM 1040, LINE 31a, ALIMONY RECIPIENT STATEMENT**OTHER:** FORM 1040, LINE 63: LITERAL: ADT 1215
REFUND ANTICIPATION LOAN
COMBAT LOCATION - IRAQ**THIRD PARTY DESIGNEE:****NAME:** JOHN DOE
PHONE: 888-555-1111
PIN: 11122**PREPARED BY:**

TAXPAYER:

NAME:	TEST Z CANASTA	SSN:	400-00-1012
DOB:	3/1/1964	OCCUPATION:	DEALER
DISABLED:	NO	PRES ELEC FUND:	NO
DAYTIME PHONE:	888-555-2222	BLIND:	NO

CHECK DIGITS FROM IRS LABEL: PW

ADDRESS: % ROYAL FLUSH
12 QUEEN OF HEARTS BLVD
BLACKJACK, MS 39759

FILING STATUS: HEAD OF HOUSEHOLD **LINE 6d:** 3

DEPENDENT INFORMATION:

					CHILD TAX
NAME	AGE	SSN	RELATIONSHIP	# MO	CREDIT
SAMUEL CANASTA	8	400-55-3012	SON	12	X
MARY CANASTA	12	400-55-4012	DAUGHTER	12	X

DIRECT DEPOSIT:

NAME OF INSTITUTION: SOUTHEAST NORTHWEST BANK
RTN: 012344589
ACCT#: LOANXXXX400001012
TYPE OF ACCOUNT: CHECKING

SCHEDULE EIC:

	(CHILD 1)	(CHILD 2)
LINE 1:	SAMUEL CANASTA	MARY CANASTA
LINE 2:	400-55-3012	400-55-4012
LINE 3:	1997	1993
LINE 5:	SON	DAUGHTER
LINE 6:	12	12

FORM 4970:

LINE C: SOLITAIRE TRUST FUND
64 W PARKWAY
MARIETTA GA 30303
LINE D: 58-4504244
LINE E: DOMESTIC
LINE F: 3/1/1964
LINE G: 1

PART I:

LINE 1: 12,000
LINE 4: 620
LINE 6: 232
LINE 8: 5
LINE 11: 5

LINE 13:	(a)	(b)	(c)	(d)	(e)
	12,040	32,150	31,500	27,200	37,600

PART II:

	(a)	(b)	(c)
LINE 17:	4,694	5,096	4,451
LINE 18:	4,326	4,729	4,084

PREPARER NOTES:

PLEASE NOTE THAT THIS RETURN IS TO BE SENT TO THE CARE OF ROYAL FLUSH.

ETD TRANSMISSION:

FORM 4868:

LINE 4:	1,715
LINE 5:	5,896
LINE 6:	0

TEST #13

FORMS REQUIRED: FORM 1040A, SCH 2, FORM 8812, FORM 8863

INFORMATION RETURNS ATTACHED:
FORM W-2 (2)

ENTRIES NOT REQUIRING FORMS:

FORM 1040A, LINE 13:	1,650		
FORM 1040A, LINE 17:	1,200	TAXPAYER:	800
		SPOUSE:	400

STATEMENTS: FORM 1040A, LINE 6c, DEPENDENT LISTING
SCH 2, LINE 1, COLUMNS A & B, CHILD CARE PROVIDERS
SCH 2, LINE 1, COLUMNS C & D, CHILD CARE PROVIDERS
SCH 2, LINE 2, QUALIFYING NAME

OTHER: DIRECT DEPOSIT
IRA DISTRIBUTIONS RECEIVED IN 2002:

TAXPAYER:	1,800
SPOUSE:	1,500

**THIRD PARTY
DESIGNEE:**

NAME: JOHN DOE
PHONE: 888-555-1111
PIN: 11112

PREPARED BY:

TAXPAYER:

NAME: TEST U GRASS
DOB: 1/1/1955
DISABLED: NO
DAYTIME PHONE: NOT GIVEN

SSN: 400-00-1013
OCCUPATION: CONSULTANT
PRES ELEC FUND: YES
BLIND: YES

SPOUSE:

NAME: MAY B GRASS
DOB: 8/22/1960
DISABLED: NO

SSN: 400-00-2013
OCCUPATION: SALESPERSON
PRES ELEC FUND: NO
BLIND: NO

CHECK DIGITS FROM IRS LABEL: XU

ADDRESS: 74131 FESCUE DR
SAINT THOMAS, VI 00802

FILING STATUS: MARRIED FILING JOINTLY **LINE 6d:** 8

DEPENDENT INFORMATION:

NAME	AGE	SSN	RELATIONSHIP	# MO	CHILD TAX CREDIT
TIMOTHY GRASS	4	400-55-3013	SON	12	X
MARY GRASS	6	400-55-4013	DAUGHTER	12	X
DAVID GRASS	8	400-55-5013	SON	12	X
SUSAN GRASS	10	400-55-6013	DAUGHTER	12	X
PHILIP GRASS	12	400-55-7013	SON	12	x
ANGELA GRASS	14	400-55-8013	DAUGHTER	12	X

DIRECT DEPOSIT:

NAME OF INSTITUTION: SAVINGS CREDIT UNION
RTN: 253174576
ACCT#: 06542153
TYPE OF ACCOUNT: SAVINGS

SCHEDULE 2:**PART I:****LINE 1:**

(a)	(b)	(c)	(d)
CHILDREN RUS	55 PLAY ST	SAINT THOMAS VI 00802	02-7777777 400
SUSAN CAREGIVER	FIRST ST NW	SAINT THOMAS VI 00802	02-6789000 800
A CHILDS PLACE	16 LEARNING WAY	SAINT THOMAS VI 00802	02-1245556 1,940

PART II:**LINE 2:**

(a)	(b)	(c)	
TIMOTHY GRASS	400-55-3013	1,040	NOTE: TOTAL PAID 1,340
MARY GRASS	400-55-4013	700	NOTE: TOTAL PAID 1,000
DAVID GRASS	400-55-5013	500	NOTE: TOTAL PAID 800

NOTE: COLUMN C FOR EACH DEPENDENT IS ADJUSTED BY \$300 EACH OF EXCLUDED BENEFITS

LINE 3: 2,240

PART III:

LINE 12: 1,000

LINE 13: 100

FORM 8863:**PART I:****LINE 1:**

(a)	(b)	(c)
TEST U GRASS	400-00-1013	2,000
MAY B GRASS	400-00-2013	1,500

ETD TRANSMISSION:**FORM 4868:**

LINE 4: 0

LINE 5: 6,100

LINE 6: 0

TEST #14

FORMS REQUIRED:

FORM 1040, SCH B, SCH D, SCH E PG 2, FORM 8615

INFORMATION RETURNS ATTACHED:

ENTRIES NOT REQUIRING FORMS:

FORM 1040, LINE 65: 600

FORM 1040, LINE 69: 109

STATEMENTS:

OTHER:

DEPENDENT OF ANOTHER

THIRD PARTY DESIGNEE:

PREPARER

PREPARED BY:

ROBERT R ROBERTS (SELF-EMPLOYED)
ROBERTS ENTERPRISES
645 SALEM ST
NIXON, NV
89424

SSN: 400-55-4014

EIN: 88-6868686

PHONE: 775-555-1313

TAXPAYER:

NAME:

TEST D
RICHARD

DOB:

3/13/1992

DISABLED:

NO

DAYTIME PHONE:

NOT GIVEN

SSN: 400-00-1014

OCCUPATION: STUDENT

PRES ELEC FUND: NO

BLIND: NO

CHECK DIGITS FROM IRS LABEL:

BT

ADDRESS:

94022 PATRICIA CT
HAPPY JACK, AZ 86024

FILING STATUS:

SINGLE

LINE 6d:

0

SCHEDULE B:

PART I:

LINE 1:

FOREFATHERS
BANK

1,514

PART II:

LINE 5:

WIZE
INVESTMENT

582

NON-QUALIFIED

PART III:

LINE 7a:

NO

LINE 8:

NO

SCHEDULE D:**PART I:****LINE 1:****(a)****(b)****(c)****(d)**

100 SHS WIZE

03/24/2005

06/02/2005

1,000

SCHEDULE E, PAGE 2:**PART III:****LINE 33A(a):**LONG TIME
GONE**LINE 33A(b):**

04-5763211

LINE 33A(d):

5,200

FORM 8615:**LINE A:**

RICHARD D RICHARD

LINE B:

400-55-3014

LINE C:

MARRIED FILING JOINTLY

PART II:**LINE 6:**

40,100

LINE 7:

1,620

LINE 10:

5,289

ETD TRANSMISSION:**FORM 56:****PART I:****NAME OF PERSON:**TEST D
RICHARD**IDENTIFYING NUMBER:**

400-00-1014

ADDRESS OF PERSON:

94022 PATRICIA CT

CITY, STATE, ZIP:

HAPPY JACK, AZ 86024

FIDUCIARY'S NAME:

RICHARD D RICHARD

ADDRESS OF FIDUCIARY:

94022 PATRICIA CT

CITY, STATE, ZIP:

HAPPY JACK, AZ 86024

TELEPHONE NUMBER:

987-654-3210

PART II:**LINE 1(b)1:**

X

LINE 1(b)2:

5/15/2005

PART III:**LINE 2:**

ESTATE/TRUST

LINE 3:

1041

LINE 4:

2003 2004 2005

LINE 5:

X

FORM 56 CON'T:

PART V:

NAME OF COURT:	US DISTRICT COURT, NINTH DISTRICT
ADDRESS OF COURT:	123 N SAN FRANCISCO ST, SUITE 200
CITY, STATE, ZIP:	FLAGSTAFF, AZ 86001
DATE INITIATED:	4/20/2005
DOCKET NUMBER:	123AX
DATE:	5/15/2005
TIME:	10:00 A.M.
PIN:	74125
SIGNATURE DATE:	4/15/2006

TEST #15

FORMS REQUIRED: FORM 1040A, FORM 8812, FORM 8839, FORM 8863

INFORMATION RETURNS ATTACHED: FORM W-2 (1)

ENTRIES NOT REQUIRING FORMS: FORM 1040A, LINE 8a: 390
FORM 1040A, LINE 18: 135

STATEMENTS:

OTHER:

THIRD PARTY DESIGNEE: NONE

PREPARED BY:

TAXPAYER:

NAME:	TEST J CAESAR	SSN:	400-00-1015
DOB:	10/15/1957	OCCUPATION:	ACTOR
DISABLED:	NO	PRES ELEC FUND:	YES
DAYTIME PHONE:	601-555-5430	BLIND:	NO

SPOUSE:

NAME:	CLEO P CAESAR	SSN:	400-00-2015
DOB:	9/18/1960	OCCUPATION:	UNEMPLOYED
DISABLED:	YES	PRES ELEC FUND:	YES
		BLIND:	NO

CHECK DIGITS FROM IRS LABEL: YC

ADDRESS: 15 IDES OF MARCH PKWY
ROME, MS 38768

FILING STATUS: MARRIED FILING JOINTLY **LINE 6d:** 4

DEPENDENT INFORMATION:

NAME	AGE	SSN	RELATIONSHIP	# MO	CHILD TAX CREDIT
SALLY CAESAR	6	400-55-3015	DAUGHTER	12	X
JULIUS BRUTUS	10	900-93-4015	SON	6	X

FORM 8839:

PART I:			
LINE 1:	(a)	(b)	(f)
CHILD 1:	JULIUS BRUTUS	1995	900-93-4015
PART II:			
LINE 3:	NO		
LINE 5:	12,000		
LINE 8:	62,255		
PART III:			
LINE 20:	NO		

FORM 8863:

PART II:			
LINE 3:	(a)	(b)	(c)
	CLEO P CAESAR	400-00-2015	1,500

ETD TRANSMISSION:

FORM 4868:

LINE 4:	0
LINE 5:	4,500
LINE 6:	0

TEST #16

FORMS REQUIRED: FORM 1040, SCH C, SCH E PG 2, FORM 5329, FORM 8859, FORM 8860, FORM 8901

INFORMATION RETURNS ATTACHED: FORM W-2 (1), FORM W-2G (1), FORM 1099-R (1)

ENTRIES NOT REQUIRING FORMS: FORM 1040, LINE 52: 1,000
FORM 1040, LINE 65: 3,000

STATEMENTS:

OTHER: STATUTORY EMPLOYEE
DIRECT DEPOSIT

THIRD PARTY DESIGNEE: NONE

PREPARED BY:

TAXPAYER:

NAME:	TEST T ISLANDER	SSN:	400-00-1016
DOB:	8/22/1969	OCCUPATION:	INSURANCE BROKER
DISABLED:	NO	PRES ELEC FUND:	YES
DAYTIME PHONE:	NOT GIVEN	BLIND:	NO

CHECK DIGITS FROM IRS LABEL: JU

ADDRESS: 123 PLAY HERE ST
WASHINGTON, DC 20011

FILING STATUS:	HEAD OF HOUSEHOLD	LINE 6d:	1
HOH QUALIFYING NAME:	MICHAEL ISLANDER	SSN:	400-55-3016
		AGE:	16

DIRECT DEPOSIT:

NAME OF INSTITUTION: NINTH BANK OF DESTIN
RTN: 024567891
ACCT#: ABC-123-4567890
TYPE OF ACCOUNT: SAVINGS

SCHEDULE C:

NAME OF PROPRIETOR:	TEST T ISLANDER	SSN:	400-00-1016
LINE A:	INSURANCE SALES		
LINE B:	524290		
LINE D:	65-7044337		
LINE F:	CASH		
LINE G:	YES		

SCHEDULE C CON'T:**PART I:**

LINE 1: 28,900 **STATUTORY EMPLOYEE BOX :** X

PART II:

LINE 18: 640

LINE 22: 4,065

LINE 23: 820

LINE 26: 8,300

SCHEDULE E, PAGE 2:**PART II:**

LINE 27: NO

LINE 28A(a): SANDY SHORES, INC

LINE 28A(b): S

LINE 28A(d): 56-8523699

LINE 28A(j): 24,400

FORM 5329:

NAME: TEST T ISLANDER

SSN: 400-00-1016

PART I:

LINE 1: 3,000

LINE 2: 1,500

EXCEPTION #: 05

FORM 8859:**PART I:**

LINE B: 12B

LINE C: 1474

LINE D: 2/12/2005

PART II:

LINE 1: 4,000

LINE 2: 47,475

FORM 8860:**PART I:**

LINE 2a: 267

LINE 2b: 56-8523699

PART II:

LINE 5: 0

FORM 8901:

	First Name	Last Name	SSN	Relationship
CHILD 1:	MICHAEL	ISLANDER	400-55-3016	SON

ETD TRANSMISSION:

FORM 4868:

LINE 4:	150
LINE 5:	3,500
LINE 6:	0

TEST #17**FORMS REQUIRED:** FORM 1040, SCH B, FORM 2555-EZ, FORM 5329, FORM 8853, FORM 8889**INFORMATION RETURNS ATTACHED:** FORM W-2 (1)**ENTRIES NOT REQUIRING FORMS:** FORM 1040, LINE 65: 50**STATEMENTS:** SCHEDULE B, LINE 1, SELLER-FINANCED MORTGAGE

OTHER:	AMOUNT
FORM 1040, LINE 21: LITERAL: FORM 2555-EZ	-62,000
FORM 1040, LINE 21: LITERAL: MSA	80
FORM 1040, LINE 36: LITERAL: MSA	2,625
FORM 1040, LINE 63: LITERAL: MSA	12

THIRD PARTY DESIGNEE: NONE**PREPARED BY:**

TAXPAYER:

NAME: TEST M EDGEWOOD
DOB: 3/13/1955
DISABLED: NO
DAYTIME PHONE: NOT GIVEN

SSN: 400-00-1017
OCCUPATION: CHEMIST
PRES ELEC FUND: NO
BLIND: NO

SPOUSE:

NAME: ROSEANNE G EDGEWOOD
DOB: 9/26/1956
DISABLED: NO

SSN: 400-00-2017
OCCUPATION: HOMEMAKER
PRES ELEC FUND: YES
BLIND: NO

CHECK DIGITS FROM IRS LABEL: XZ

ADDRESS: 86 OUTSIDE CIR
PERIMETERSCENTERSVILLE, GA 30555-0086

FILING STATUS:	MARRIED FILING JOINTLY	LINE 6d:	2
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SCHEDULE B:**PART I:**

LINE 1:	SALLY ROCKINGHAM 400-22-4017 PO BOX 676 FRANKLIN NC 28744	120	SELLER FINANCED
	JAMES STONEBROOK 400-22-5017 24 W QUARRY RD ATLANTA GA 30301	206	SELLER FINANCED

SCHEDULE B CON'T:

	AURORA S & L	6,240	
	WEEDS AND SEEDS CU	9,044	
PART II:			
LINE 5:	MONY MUTUAL	429	NON-QUALIFIED
PART III:			
LINE 7a:	NO		
LINE 8:	NO		

FORM 2555-EZ:

NAME:	TEST M EDGEWOOD	SSN:	400-00-1017
PART I:			
LINE 1a:	YES		
LINE 1b:	10/01/1997; CONTINUES		
LINE 3:	YES		
PART II:			
LINE 4:	4700 GRANDE AVE LIMA PERU POST OF DUTY CODE: PE		
LINE 5:	CHEMIST		
LINE 6:	WEEDS AND SEEDS INC		
LINE 7:	88 DANDELION DR PASTURELAND NY 14818		
LINE 8:	960 BURDOCK HILL LIMA PERU		
LINE 9a:	X		
LINE 10a:	2004		
LINE 10c:	NO		
LINE 11a:	4700 GRANDE AVE LIMA PERU; 10/01/1998		
LINE 11b:	UNITED STATES		
PART III:			
LINE 12a:	12/15/2005		
LINE 12b:	12/28/2005		
NOTE:	TAXPAYER & SPOUSE WERE NOT IN U.S. FOR BUSINESS PURPOSES		
PART IV:			
LINE 14:		365	
LINE 17:		62,000	

FORM 5329:

	TAXPAYER ONLY	
PART VI:		
LINE 39:		900
NOTE:	5000 VALUE OF ARCHER MSA ON 12/31/2005	

FORM 8853:

NOTE: THE TAXPAYER AND SPOUSE WERE NOT ELIGIBLE FOR MEDICARE BENEFITS DURING 2005 AND THEY CARRIED FAMILY COVERAGE ON THE FIRST DAY OF ALL 12 MONTHS

PART I:

LINE 1a: YES
LINE 1b: NO
LINE 1c: FAMILY
LINE 2a: NO

PART II:

LINE 4: 3,525
LINE 6: 62,000

PART III:

LINE 8a: 380
LINE 9: 300

NOTE: THE DISTRIBUTIONS DO NOT MEET THE EXCEPTIONS TO THE ADDITIONAL 15% TAX

LINE 5 LIMITATION CHART AND WORKSHEET:

FAMILY COVERAGE ANNUAL DEDUCTIBLE:	3,500
NUMBER OF MONTHS IN PLAN:	12

FORM 8889:**PART I:**

LINE 1: FAMILY
LINE 2: 5,000
LINE 3: 5,000
LINE 9: 0

PART II:

LINE 12a: 1,600
LINE 12b: 0
LINE 13: 1,900

ETD TRANSMISSION:**FORM 4868:**

LINE 4: 66
LINE 5: 50
LINE 6: 16
LINE 7: 16

TEST #18

FORMS REQUIRED: FORM 1040, SCH A, SCH C-EZ, SCH E (5), SCH E PG2, SCH SE, FORM 8283

INFORMATION RETURNS ATTACHED:

ENTRIES NOT REQUIRING FORMS:	FORM 1040, LINE 39b:	X
	FORM 1040, LINE 65:	1,500
	FORM 1040, LINE 69:	300

STATEMENTS:

OTHER: SPOUSE ITEMIZES DEDUCTIONS

THIRD PARTY DESIGNEE:

NAME: JOHN DOE
PHONE: 888-555-1111
PIN: 11122

PREPARED BY:

TAXPAYER:

NAME:	TEST T THOMAS	SSN:	400-00-1018
DOB:	11/11/1960	OCCUPATION:	ENTREPRENEUR
DISABLED:	NO	PRES ELEC FUND:	YES
DAYTIME PHONE:	NOT GIVEN	BLIND:	NO

SPOUSE:

NAME:	CLARA THOMAS	SSN:	400-00-2018
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CHECK DIGITS FROM IRS LABEL: FD

ADDRESS: 511 JONATHAN CAROL BLVD
JEWELL, OH 43530

FILING STATUS:	MARRIED FILING SEPARATELY	LINE 6d:	1
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SCHEDULE A:

LINE 5b:	X
LINE 5:	475
LINE 7:	105
LINE 10:	1,200
LINE 16:	580

SCHEDULE C-EZ:**PROPIETOR NAME:** TEST T THOMAS**SSN:** 400-00-1018**PART I:****LINE A:** CATERING SERVICE**LINE B:** 812990**LINE C:** THOMS TASTY TREATS**LINE E:** 30 COOK ST

JEWELL OH 43530

PART II:**LINE 1:** 1,800**LINE 2:** 821**NOTE:** CAR & TRUCK EXPENSE

284

NOTE: ALL MILES DRIVEN PRIOR TO 9/1/2005

SUPPLIES

537

PART III:**LINE 4:** 6/1/2005**(a)****(b)****(c)****LINE 5:** 700

200

12,600

LINE 6: NO**LINE 7:** YES**LINE 8a:** YES**LINE 8b:** YES**NOTE FOR ALL SCHEDULE E RENTAL PROPERTIES:****ALL ARE ACTIVE PARTICIPATION, ALL AMTS ARE AT RISK, ALL ARE FULLY DEPRECIATED,
AND NONE OF THE PROPERTIES QUALIFY AS REAL ESTATE PROFESSIONAL PROPERTY.****SCHEDULE E #1:****PART I:****LINE 1A:** TOWNHOUSE A
201 FRANKLIN RD JEWELL OH**LINE 2A:** NO**LINE 3A:** 5,200**LINE 5A:** 250**LINE 7A:** 400**LINE 9A:** 300**LINE 14A:** 180**LINE 16A:** 270**LINE 17A:** 600**LINE 1B:** TOWNHOUSE B
202 FRANKLIN RD JEWELL OH**LINE 2B:** NO**LINE 3B:** 4,100**LINE 5B:** 250**LINE 6B:** 225**LINE 7B:** 500**LINE 10B:** 150**LINE 11B:** 125**LINE 16B:** 450**LINE 17B:** 1,600

LINE 1C:	TOWNHOUSE C	
	203 FRANKLIN RD JEWELL OH	
LINE 2C:	NO	
LINE 3C:		5,300
LINE 5C:		450
LINE 7C:		130
LINE 9C:		490
LINE 12C:		895
LINE 14C:		140
LINE 15C:		430
LINE 16C:		620

SCHEDULE E #2:

PART I:

LINE 1A:	TOWNHOUSE D	
	204 FRANKLIN RD JEWELL OH	
LINE 2A:	NO	
LINE 3A:		4,400
LINE 5A:		260
LINE 6A:		180
LINE 7A:		495
LINE 8A:		220
LINE 9A:		1,204
LINE 14A:		600
LINE 16A:		300
LINE 18A:		120

PEST CONTROL

LINE 1B:	TOWNHOUSE E	
	205 FRANKLIN RD JEWELL OH	
LINE 2B:	NO	
LINE 3B:		5,300
LINE 5B:		450
LINE 7B:		180
LINE 9B:		630
LINE 11B:		125
LINE 14B:		400
LINE 16B:		380
LINE 17B:		260
LINE 18B:		160

PEST CONTROL

LINE 1C:	TOWNHOUSE F	
	206 FRANKLIN RD JEWELL OH	
LINE 2C:	NO	
LINE 3C:		6,200
LINE 5C:		500
LINE 7C:		280
LINE 8C:		630
LINE 9C:		720
LINE 14C:		1,850

SCHEDULE E #2 CON'T:

LINE 15C:	204	
LINE 16C:	680	
LINE 18C:	260	PEST CONTROL

SCHEDULE E #3:**PART I:**

LINE 1A: CONDO 1
600A W FIRST ST JEWELL OH

LINE 2A: NO

LINE 3A: 8,300

LINE 5A: 690

LINE 6A: 522

LINE 7A: 360

LINE 9A: 1,090

LINE 10A: 400

LINE 12A: 1,800

LINE 14A: 620

LINE 16A: 660

LINE 18A: 100 DUES

LINE 1B: CONDO 2
600C W FIRST ST JEWELL OH

LINE 2B: NO

LINE 3B: 5,600

LINE 5B: 260

LINE 7B: 180

LINE 8B: 500

LINE 9B: 925

LINE 12B: 1,800

LINE 16B: 660

LINE 18B: 100 DUES

LINE 1C: CONDO 3
600E W FIRST ST JEWELL OH

LINE 2C: NO

LINE 3C: 6,870

LINE 5C: 600

LINE 7C: 180

LINE 9C: 1,096

LINE 10C: 1,244

LINE 12C: 1,800

LINE 15C: 200

LINE 16C: 660

LINE 18C: 100 DUES

SCHEDULE E #4:**PART I:**

LINE 1A:	CONDO 4	
	600G W FIRST ST JEWELL OH	
LINE 2A:	NO	
LINE 3A:		6,300
LINE 5A:		150
LINE 7A:		819
LINE 9A:		1,044
LINE 10A:		860
LINE 12A:		1,800
LINE 14A:		3,960
LINE 16A:		660
LINE 18A:	100	DUES

LINE 1B:	3 BR HOME	
	180 MOCKINGBIRD LN JEWELL OH	
LINE 2B:	NO	
LINE 3B:		4,500
LINE 5B:		160
LINE 7B:		520
LINE 9B:		884
LINE 10B:		605
LINE 12B:		1,480
LINE 15B:		650
LINE 16B:		340
LINE 17B:		1,406
LINE 18B:	600	PEST CONTROL

LINE 1C:	MOBILE HOME LOT	
	1400 ROUNDOFF CIR JEWELL OH	
LINE 2C:	NO	
LINE 3C:		1,800
LINE 10C:		120
LINE 16C:		206

SCHEDULE E #5:**PART I:**

LINE 1A:	OIL PROPERTIES	
LINE 4A:		1,603

LINE 1B:	MINERAL PROPERTIES	
LINE 4B:		640

SCHEDULE E, PAGE 2:

PART II:

LINE 27: NO

LINE 28A(a): THOMAS AND THOMAS

LINE 28A(b): P

LINE 28A(d): 31-0422233

LINE 28A(j): 4,365

NOTE: *PARTNERSHIP SELF-EMPLOYMENT INCOME*

**SCHEDULE E PAGE 2
(CONT):**

LINE 28B(a): THOMAS CATERING LTD

LINE 28B(b): S

LINE 28B(d): 31-4295477

LINE 28B(j): 3,400

LINE 28C(a): THOMAS BROTHERS OF NY

LINE 28C(b): S

LINE 28C(d): 63-4243544

LINE 28C(h): 604

SCHEDULE SE:

NAME : TEST T THOMAS

SSN: 400-00-1018

SECTION A:

LINE 2: 5,344

FROM C-EZ AND K-1 INCOME

FORM 8283:

SECTION A:

PART I:

LINE 1A(a): BEST WILL

JEWELL OH 43530

LINE 1A(b): FURNITURE

LINE 1A(c): 11/10/2005

LINE 1A(d): 6/1998

LINE 1A(e): PURCHASED

LINE 1A(f): 1,800

LINE 1A(g): 580

LINE 1A(h): THRIFT SHOP VALUE

ETD TRANSMISSION:

FORM 9465:

LINE 3: (614)555-1021; 6:30PM

LINE 4: (LEAVE BLANK)

LINE 5: NONE

LINE 6: NONE

LINE 7: FORM 1040

LINE 8: 2005

LINE 9: 971

LINE 10: 71

LINE 11: 100

LINE 12: 10

TAXPAYER PIN: 19821

PRIOR YEAR AGI: 0

SIGNATURE DATE: 4/17/2006

TEST #19

FORMS REQUIRED: FORM 1040, SCH C, SCH D, SCH SE, FORM 2555(2), FORM 4972, FORM 6252

INFORMATION RETURNS ATTACHED: FORM 1099-R (3), FORM W-2 (1), FORM 2439 (1)

ENTRIES NOT REQUIRING FORMS: FORM 1040, LINE 29: 1,313

STATEMENTS: FORM 1040, LINE 21, OTHER INCOME
FORM 2555, LINE 42, DEDUCTIONS

OTHER:

THIRD PARTY DESIGNEE:

NAME: JOHN DOE
PHONE: 888-555-1111
PIN: 11122

PREPARED BY:

TAXPAYER:

NAME: TEST A HOAGIE
DOB: 4/15/1940
DISABLED: NO
DAYTIME PHONE: NOT GIVEN

SSN: 400-00-1019
OCCUPATION: SPORT FISHING GUIDE
PRES ELEC FUND: YES
BLIND: NO

SPOUSE:

NAME: TUNA S HOAGIE
DOB: 4/15/1950
DISABLED: NO

SSN: 400-00-2019
OCCUPATION: WAITRESS
PRES ELEC FUND: YES
BLIND: NO

CHECK DIGITS FROM IRS LABEL: VX

ADDRESS: 123 FRONT ST
PUNTA GORDA BELIZE .

FILING STATUS: MARRIED FILING JOINTLY **LINE 6d:** 2

SCHEDULE C:

PROPIETOR NAME: TEST A HOAGIE
LINE A: FISHING GUIDE
LINE B: 114110
LINE C: PUNTA GORDA SPORT FISHING ASSOCIATION
LINE E: 101 FRONT STREET
PUNTA GORDA BELIZE .
LINE F: CASH
LINE G: YES

SSN: 400-00-1019

SCHEDULE C (CONT):**PART I:**

LINE 1: 20,000

PART II:

LINE 8: 500

LINE 15: 1,500

LINE 22: 3,000

SCHEDULE D:**PART II:**

LINE 11: (f) 2,852 **NOTE:** FROM FORMS 6252 AND 2439

SCHEDULE SE :

NAME: TEST A HOAGIE **SSN:** 400-00-1019
SECTION A:
LINE 2: 15,000

FORM 2555 #1:

NAME: TEST A HOAGIE **SSN:** 400-00-1019

PART I:

LINE 1: 123 FRONT ST PUNTA GORDA BELIZE .
POST OF DUTY CODE: BH

LINE 2: SPORT FISHING GUIDE

LINE 3: PUNTA GORDA SPORT FISHING ASSOCIATION

LINE 4b: 101 FRONT ST PUNTA GORDA BELIZE .

LINE 5c: X

LINE 6a: 2004

LINE 6c: NO

LINE 7: UNITED STATES

LINE 8a: NO

LINE 9: PUNTA GORDA BELIZE . 02/10/2002

PART II:

LINE 10: BEGAN 02/10/2002 AND ENDED 12/31/2005

LINE 11a: X

LINE 12a: YES

LINE 12b: SPOUSE 02/10/2002 TO 12/31/2005

LINE 13a: YES

LINE 13b: YES

LINE 15a: NONE

LINE 15b: EMPLOYMENT

LINE 15c: NO

LINE 15d: NO

FORM 2555 #1 (CONT):

LINE 20a: 20,000

PART V:

HOUSING EXCLUSION: NO

PART VII:

LINE 36: 365

PART VIII:

LINE 42: 7,373

LINE 42 LITERAL: STATEMENT #2

FORM 2555 #2:

NAME: TUNA S HOAGIE

SSN: 400-00-2019

PART I:

LINE 1: 123 FRONT ST PUNTA GORDA BELIZE .
POST OF DUTY CODE: BH

LINE 2: WAITRESS

LINE 3: RONS RIB RACK ON THE RIVER

LINE 4b: 15 RIVERFRONT RD PUNTA GORDA BELIZE .

LINE 5a: X

LINE 6a: 2004

LINE 6c: NO

LINE 7: UNITED STATES

LINE 8a: NO

LINE 9: PUNTA GORDA BELIZE . 02/10/2002

PART II:

LINE 10: BEGAN 02/10/2002 AND ENDED 12/31/2005

LINE 11a: X

LINE 12a: YES

LINE 12b: SPOUSE 02/10/2002 TO 12/31/2005

LINE 13a: YES

LINE 13b: YES

LINE 15a: NONE

LINE 15b: EMPLOYMENT

LINE 15c: NO

LINE 15d: NO

PART IV:

LINE 19: 5,000

PART V:

HOUSING EXCLUSION: NO

PART VII:

LINE 36: 365

FORM 4972:

NAME: TEST A HOAGIE
PART I:
LINE 1: YES
LINE 2: NO
LINE 3: YES
LINE 4: NO
LINE 5a: NO
LINE 5b: NO

SSN: 400-00-1019

PART II:
LINE 6: 8,000

PART III:
LINE 8: 35,800

FORM 6252:

LINE 1: LAKEFRONT PROPERTY
LINE 2a: 2/20/1997
LINE 2b: 5/1/2000
LINE 3: NO

PART II:
LINE 19: 40.000
LINE 21: 2,130
LINE 23: 22,967

ETD TRANSMISSION:**FORM 2350:**

LINE 1: 6/15/2006
LINE 2: NO
LINE 3: NO
LINE 4a: 2/10/2002
LINE 4b: BEGINS 02/10/2002; ENDS 12/31/2005
LINE 4c: 123 FRONT ST PUNTA GORDA BELIZE .
LINE 4d: 6/10/2006
LINE 5: 0

TAXPAYER PIN: 95135
SPOUSE PIN: 35715
SIGNATURE DATE: 4/17/2006

TEST #20

FORMS REQUIRED: FORM 1040, SCH A, SCH C, SCH C-EZ, SCH E PG 2, SCH SE, SCH SE PG2,
FORM 2106, FORM 3903, FORM 4684, FORM 6251, FORM 8812, FORM 8839

INFORMATION RETURNS ATTACHED: FORM W-2 (2)

ENTRIES NOT REQUIRING FORMS:

FORM 1040, LINE 19:	2,670
FORM 1040, LINE 65:	500
FORM 1040, LINE 67:	68

STATEMENTS: FORM 1040, LINE 6C, DEPENDENT LIST

OTHER: W-2 FROM FICA CIRCUS IS NON-STANDARD

THIRD PARTY DESIGNEE: NONE

PREPARED BY:

TAXPAYER:

NAME:	TEST R DE LA HALO	SSN:	400-00-1020
DOB:	4/10/1976	OCCUPATION:	TREE TRIMMER
DISABLED:	NO	PRES ELEC FUND:	NO
DAYTIME PHONE:	NOT GIVEN	BLIND:	NO

SPOUSE:

NAME:	RUBY D MONDAY	SSN:	400-00-2020
DOB:	3/20/1978	OCCUPATION:	ANIMAL TRAINER
DISABLED:	NO	PRES ELEC FUND:	NO
		BLIND:	NO

CHECK DIGITS FROM IRS LABEL: DV

ADDRESS: 7 HEAVENS LN
BETHLEHEM, KY 40007

FILING STATUS: MARRIED FILING JOINTLY **LINE 6d:** 9

DEPENDENT INFORMATION:

NAME	AGE	SSN	RELATIONSHIP	# MO	CHILD TAX CREDIT
ANGELA DE LA HALO	6	400-55-3020	DAUGHTER	12	X
GABRIEL DE LA HALO	9	400-55-4020	SON	12	X
MICHAEL MONDAY	10	400-55-5020	SON	12	X
LUCKY MONDAY	11	400-55-6020	DAUGHTER	12	X
ARCHIBALD DE LA HALO	12	900-93-7020	SON	12	X
DAVID SAINT	60	400-55-8020	PARENT	0	
MARY SAINT	58	400-55-9020	PARENT	0	

SCHEDULE A:

LINE 1: 10,500
LINE 5a: X
LINE 5: 1,273
LINE 6: 97
LINE 7: 186
LINE 10: 3,500
LINE 15: 2,000
LINE 20: 1,978
LINE 21: 150

NOTE: ALL DONATIONS MADE PRIOR TO 8/28/2005
 FORM 2106

SCHEDULE C:

PROPIETOR NAME: TEST R DE LA HALO **SSN:** 400-00-1020
LINE A: LAWN SERVICES
LINE B: 561730
LINE C: HALO LAWN SERVICES
LINE E: 12 GREENWAY LN
 LOS ANGELES CA 90075
LINE F: CASH
LINE G: YES

PART I:
LINE 1: 16,780

PART II:
LINE 15: 2,216
LINE 21: 1,502
LINE 22: 1,800

SCHEDULE C-EZ:

NAME OF PROPRIETOR: RUBY D MONDAY **SSN** 400-00-2020
PART I:
LINE A: ANIMAL TRAINING
LINE B: 812910
LINE C: RUBYS RULES

PART II:
LINE 1: 1,667
LINE 2: 768

NOTE: CAR & TRUCK EXPENSE 323
 NOTE: ALL MILES DRIVEN PRIOR TO 9/1/2005
 SUPPLIES 445

PART III:
LINE 4: 1/25/2005

	(a)	(b)	(c)
LINE 5:	798	200	16,700
LINE 6:	YES		
LINE 7:	YES		
LINE 8a:	YES		
LINE 8b:	YES		

SCHEDULE E, PAGE 2:

PART II

LINE 27: NO
LINE 28A(a): TREES INC
LINE 28A(b): S
LINE 28A(d): 56-1823899
LINE 28A(g): 1,200

SCHEDULE SE #1:

NAME: TEST R DE LA HALO **SSN:** 400-00-1020
SECTION A:
LINE 2: 11,262

SCHEDULE SE #2 (PAGE 2):

NAME: RUBY D MONDAY **SSN:** 400-00-2020
SECTION B:
PART I:
LINE 2: 899

FORM 2106:

NAME: RUBY D MONDAY **SSN:** 400-00-2020
OCCUPATION: ANIMAL TRAINER

PART I:

STEP 1:	(A)	(B)
LINE 1:	1,888	
LINE 2:	45	
LINE 5:		190
LINE 7:		100

PART II: (a) VEHICLE 1

SECTION A:

LINE 11: 5/1/2001
LINE 12: 4000
LINE 13: 3000 *NOTE: ALL MILES DRIVEN PRIOR TO 9/1/2005*
LINE 15: 2
LINE 16: 520
LINE 18: YES
LINE 19: YES
LINE 20: YES
LINE 21: YES

SECTION C: (a) VEHICLE 1

LINE 23: 742
LINE 27: 557
LINE 28: 1,331

FORM 2106 CON'T:

SECTION D: (a) **VEHICLE 1**
LINE 30: 18,000
LINE 32: 13,500
LINE 33: 200 DB 11.52%

FORM 3903:

MILEAGE FROM OLD HOME TO NEW WORKPLACE: 1100
MILEAGE FROM OLD HOME TO OLD WORKPLACE: 12
LINE 1: 500
LINE 2: 763
LINE 4: 1,000 *NOTE: FROM W-2*

FORM 4684:

INCIDENT DATE: 7/4/2005

SECTION A:

LINE 1:	TYPE	LOCATION	DATE ACQUIRED
PROPERTY A:	JEWELRY	7 HEAVENS LN	12/24/2002
PROPERTY A			
LINE 2:	14,000		
LINE 3:	3,400		
LINE 5:	14,800		
LINE 6:	0		

FORM 8839:**PART I:**

LINE 1:	(a)	(b)	(e)	(f)
CHILD 1:	ARCHIBALD DE LA HALO	1993	X	900-93-7020

PART II:

LINE 3: NO
LINE 5: 5,000
LINE 8: 95,860

ETD TRANSMISSION:**FORM 4868:**

LINE 4: 1,615
LINE 5: 13,507
LINE 6: 0

TEST #21

FORMS REQUIRED: FORM 1040, SCH A, SCH D, SCH E, SCH E PG2, FORM 2106 (2), FORM 4562,
FORM 8082, FORM 8271, FORM 8582, FORM 8606 (2), FORM 8814 (3)

INFORMATION RETURNS ATTACHED: FORM W-2 (2)

ENTRIES NOT REQUIRING FORMS:

FORM 1040, LINE 31a:	1,200	
	SSN:	400-66-2021
FORM 1040, LINE 36:	400	SUB-PAY TRA
	1,500	CLEAN-FUEL
FORM 1040, LINE 65:	2,000	

STATEMENTS: FORM 1040, LINE 36, ADJUSTMENTS
SCHEDULE A, LINE 20, UNREIMBURSED EMPLOYEE EXPENSES

OTHER: FORM W-2 FROM "WORKINGHARD INDUSTRIES" HAS 4 STATES

THIRD PARTY DESIGNEE: NONE

PREPARED BY: TAXPAYER

TAXPAYER:

NAME:	TEST L CHARITY	SSN:	400-00-1021
DOB:	1/17/1963	OCCUPATION:	CONSTRUCTION FOREMAN
DISABLED:	NO	PRES ELEC FUND:	NO
DAYTIME PHONE:	NOT GIVEN	BLIND:	NO

SPOUSE:

NAME:	MARY B CHARITY	SSN:	400-00-2021
DOB:	5/21/1964	OCCUPATION:	REAL ESTATE PROFESSIONAL
DISABLED:	NO	PRES ELEC FUND:	NO
		BLIND:	NO

CHECK DIGITS FROM IRS LABEL: AF

ADDRESS: 923 HOPE ST
FAITH, NC 28041-0923

FILING STATUS: MARRIED FILING JOINTLY **LINE 6d:** 5

DEPENDENT INFORMATION:

NAME	AGE	SSN	RELATIONSHIP	# MO	CHILD TAX
					CREDIT
JEFFREY CHARITY	8	400-55-3021	SON	12	X
SAMUEL CHARITY	10	400-55-4021	SON	12	X
SANDRA CHARITY	11	400-55-5021	DAUGHTER	12	X

SCHEDULE A:

LINE 5:	1,795	(INCLUDING \$600 OF STATE ESTIMATED TAXES)
LINE 5a:	X	
LINE 7:	800	
LINE 10:	4,700	
LINE 15:	400	NOTE: ALL DONATIONS MADE PRIOR TO 8/28/2005
LINE 20:	1,911	FORM 2106
	2,579	FORM 2106
	75	UNION DUES

SCHEDULE D:

PART II:						
LINE 8:	(a)	(b)	(c)	(d)	(e)	
	5 SHS ACME	2/3/2002	6/15/2005	620	580	
LINE 13(f):	17					
LINE 13 LITERAL:	FORM 8814					

SCHEDULE E:

PART I:		
LINE 1A:	CONDOMINIUMS	(REAL ESTATE PROFESSIONAL PROPERTY)
	24 ROSEANNE ST FAITH NC	
LINE 2A:	NO	
LINE 3A:	72,500	
LINE 5A:	4,900	
LINE 6A:	4,662	
LINE 7A:	9,763	
LINE 8A:	5,200	
LINE 9A:	7,644	
LINE 10A:	1,200	
LINE 11A:	800	
LINE 12A:	4,255	
LINE 13A:	618	
LINE 14A:	3,204	
LINE 15A:	509	
LINE 16A:	8,411	
LINE 17A:	2,870	
LINE 18A:	200	DUES & SUBSCRIPT
	1,860	PEST CONTROL
SCHEDULE E (CONT):		
LINE 26 LITERAL:	NPA 16,404	
NOTE:	PROPERTY IS FULLY DEPRECIATED - NO DEPRECIATION TAKEN	

SCHEDULE E, PAGE 2:

PART II

LINE 27: NO

LINE 28A(a): CHARITY AND COMPANY
LINE 28A(b): P
LINE 28A(d): 56-0124344
LINE 28A(g): 3,240

LINE 28B(a): FAITH CITY PARTNERS
LINE 28B(b): P
LINE 28B(d): 56-9485555
LINE 28B(f): 3,240

NOTE: TOTAL LOSS FROM FAITH CITY PARTNERS IS 4162 - SEE FORM 8582.

LINE 28C(a): SHELTERS, INC
LINE 28C(b): S
LINE 28C(d): 56-4712345
LINE 28C(j): 52

PART V:

LINE 43: 16,404

FORM 2106 #1:

NAME: TEST L CHARITY
OCCUPATION: CONSTRUCTION FOREMAN

SSN: 400-00-1021

PART I:

STEP 1:	(A)	(B)
LINE 3:	1,600	
LINE 4:	460	
LINE 5:		350

STEP 2:

LINE 7:	299	51	NOTE: FROM FORM W-2
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FORM 2106 #2:

NAME: MARY B CHARITY
OCCUPATION: REAL ESTATE PROFESSIONAL

SSN: 400-00-2021

PART I:

STEP 1:	(A)	(B)
LINE 1:	1,365	
LINE 3:	890	
LINE 4:	325	
LINE 5:		988

STEP 2:

LINE 7:	416	159	NOTE: FROM FORM W-2
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FORM 2106 #2 CON'T:

PART II:

SECTION A: (a)VEHICLE 1

LINE 11: 12/1/2001

LINE 12: 18000

LINE 13: 3370 NOTE: ALL MILES DRIVEN PRIOR TO 9/1/2005

LINE 15: 5

LINE 16: 520

NOTE: TAKE STANDARD MILEAGE RATE

LINE 18: YES

LINE 19: YES

LINE 20: YES

LINE 21: YES

FORM 4562:

ACTIVITY: SCHEDULE E - 1

PART V:

LINE 24a: YES

LINE 24b: YES

LINE 27:	(a)	(b)	(c)
	AUTOMOBILE	6/1/2002	37%

(a)VEHICLE 1

LINE 30: 11511 NOTE: ALL MILES DRIVEN PRIOR TO 9/1/2005

LINE 31: 2600

LINE 32: 17000

LINE 34: YES

LINE 35: YES

LINE 36: YES

NOTE: TAKE STANDARD MILEAGE RATE

FORM 8082:

PART I:

LINE 1(a): X

LINE 3(a): X

LINE 4: 56-0124344

LINE 5: CHARITY AND COMPANY
1876 GIVE AWAY BLVD
FAITH, NC 28041-0923

LINE 7: CINCINNATI, OH

LINE 8: 01-01-2005 TO 12-31-2005

LINE 9: 01-01-2005 TO 12-31-2005

PART II:

LINE 10: (a): K-1 PART II LN N

LINE 10: (b): AMOUNT OF ITEM (X)

LINE 10: (c): 26140

LINE 10: (d): 37620

LINE 10: (e): 11480

FORM 8082 CON'T:**PART III:****EXPLANATION:**

10. ENDING CAP ACCT S/B 37620 SINCE WITHDRAWALS & DIST
ARE OVERSTATED BY 11480

FORM 8271:

NAME: TEST L & MARY B CHARITY **SSN:** 400-00-1021
TAX YEAR ENDED: 12/31/2005
LINE 1: (a) (b) (c)
SHELTERS, INC. APPLIED FOR 56-4712345
APPLICANT NAME: SAMUEL SHIELDS

FORM 8582:

PART I:
LINE 3a: 3,240 NOTE: GAIN FROM CHARITY AND COMPANY
LINE 3b: 4,162 NOTE: TOTAL LOSS FROM FAITH CITY PARTNERS

FORM 8606 #1:

NAME: TEST L CHARITY **SSN:** 400-00-1021
PART I:
LINE 1: 3,370 NOTE: TOTAL CONTRIBUTIONS 4000
LINE 2: 11,800

FORM 8606 #2:

NAME: MARY B CHARITY **SSN:** 400-00-2021
PART I:
LINE 1: 3,370 NOTE: TOTAL CONTRIBUTIONS 4000
LINE 2: 18,940

FORM 8814 #1:

LINE A: JEFFREY CHARITY
LINE B: 400-55-3021
LINE C: X
PART I:
LINE 1a: 600
LINE 1a LITERAL: TAX-EXEMPT INTEREST 32
LINE 1b: 32
LINE 2: 330 NON-QUALIFIED

FORM 8814 #2:

LINE A: SAMUEL CHARITY
LINE B: 400-55-4021
LINE C: X

FORM 8814 #2 CON'T:

PART I:

LINE 1a: 860

LINE 2: 750

NON-QUALIFIED

LINE 3: 120

LINE 6 LITERAL: CGD 9

FORM 8814 #3:

LINE A: SANDRA CHARITY

LINE B: 400-55-5021

LINE C: X

PART I:

LINE 1a: 2,948

LINE 1a LITERAL: TAX-EXEMPT INTEREST 420

LINE 1b: 420

LINE 2: 180

NON-QUALIFIED

LINE 3: 17

LINE 6 LITERAL: CGD 8

ETD TRANSMISSION:

FORM 4868:

LINE 4: 3,927

LINE 5: 3,560

LINE 6: 367

LINE 7: 367

TEST #22

FORMS REQUIRED: FORM 1040, SCH C(5), SCH H, SCH SE(2), FORM 4562(5), FORM 4797, FORM 8829(5),
FORM 970

INFORMATION RETURNS ATTACHED:

ENTRIES NOT REQUIRING FORMS:

FORM 1040, LINE 28: 750
FORM 1040, LINE 65: 7,300

STATEMENTS: FORM 970, LINE 2
FORM 970, LINE 11
FORM 970, LINE 22

OTHER: IRA DISTRIBUTIONS RECEIVED IN 2002: 1000 (TAXPAYER)

**THIRD PARTY
DESIGNEE:** NONE

PREPARED BY: IRS PREPARED

TAXPAYER:

NAME:	TEST L TONTO SR	SSN:	400-00-1022
DOB:	8/10/1960	OCCUPATION:	SELF-EMPLOYED
DISABLED:	NO	PRES ELEC FUND:	NO
DAYTIME PHONE:	NOT GIVEN	BLIND:	NO

SPOUSE:

NAME:	SILVER N TONTO	SSN:	400-00-2022
DOB:	7/11/1965	OCCUPATION:	SELF-EMPLOYED
DISABLED:	NO	PRES ELEC FUND:	NO
		BLIND:	YES

**CHECK DIGITS
FROM IRS LABEL:** ZW

ADDRESS: 21 LONE RANGER CIR
SMOKE SIGNAL, AZ 86503

FILING STATUS: MARRIED FILING JOINTLY **LINE 6d:** 2

SCHEDULE C #1:

NAME OF PROPRIETOR:	TEST L TONTO SR	SSN:	400-00-1022
LINE A:	PIANO TUNING		
LINE B:	811490		
LINE C:	FINE TUNING		
LINE F:	CASH		

SCHEDULE C #1 CON'T:

LINE G: YES
PART I:
LINE 1: 14,300
PART II:
LINE 8: 600
LINE 9: 816
LINE 13: 1,240
LINE 22: 600
LINE 23: 250
LINE 24a: 197
LINE 30: 780
PART III:
LINE 37: 250
PART V:

OTHER EXPENSES:	DESCRIPTION	AMOUNT
	PERIODICALS	249
	IVORY WHITENER	50
	STRING STRAIGHTENER	60
	SCRATCH FILLER	70
	TUNING FORK	80
	METRONOME	90
	PEDAL POLISHER	100
	BENCH LEVELER	110
	ADJUSTING TOOLS	250

SCHEDULE C #2:

NAME OF PROPRIETOR:	TEST L TONTO SR	SSN:	400-00-1022
LINE A:	CELLO LESSONS		
LINE B:	541990		
LINE C:	TONTOS TUNES		
LINE D:	86-7457658		
LINE F:	CASH		
LINE G:	YES		
PART I:			
LINE 1:	19,894		
PART II:			
LINE 8:	750		
LINE 13:	7,880		
LINE 22:	900		
LINE 23:	298		
LINE 26:	3,500		
LINE 30:	1,223		

SCHEDULE C #3:

NAME OF PROPRIETOR:	TEST L TONTO SR	SSN:	400-00-1022
LINE A:	RECORD AND CD SALES		
LINE B:	451220		
LINE C:	SOUNDS GALORE		
LINE D:	86-7457660		
LINE E:	1615 MAIN ST		
	SMOKE SIGNAL AZ 86503		
LINE F:	CASH		
LINE G:	YES		
PART I:			
LINE 1:		82,434	
LINE 2:		35	
LINE 6:		120	
PART II:			
LINE 8:		1,200	
LINE 13:		5,260	
LINE 15:		800	
LINE 16b:		450	
LINE 21:		300	
LINE 23:		765	
LINE 26:		9,000	
LINE 30:		1,553	
PART III:			
LINE 33:	COST		
LINE 34:	NO		
LINE 35:		34,566	
LINE 36:		48,231	
LINE 38:		953	
LINE 39:		172	
LINE 41:		32,488	

SCHEDULE C #4:

NAME OF PROPRIETOR:	SILVER N TONTO	SSN:	400-00-2022
LINE A:	TELEMARKETING		
LINE B:	561420		
LINE C:	SILVER SALES		
LINE D:	86-1010101		
LINE F:	CASH		
LINE G:	YES		
PART I:			
LINE 1:		41,628	
PART II:			
LINE 8:		700	
LINE 9:		6,687	
LINE 13:		7,000	
LINE 15:		800	
LINE 20b:		2,400	

SCHEDULE C #4 CON'T:

LINE 22:	2,250
LINE 23:	323
LINE 25:	620
LINE 26:	3,800
LINE 30:	578
PART III:	
LINE 33:	LOWER OF COST OR MARKET
LINE 34:	NO
LINE 35:	1,200
LINE 38:	3,240
LINE 41:	1,200

SCHEDULE C #5:

NAME OF PROPRIETOR:	SILVER N TONTO	SSN:	400-00-2022
LINE A:	TUTORING		
LINE B:	812990		
LINE F:	CASH		
LINE G:	YES		

PART I:	
LINE 1:	16,480

PART II:	
LINE 8:	400
LINE 13:	720
LINE 15:	800
LINE 20b:	2,200
LINE 22:	2,450
LINE 23:	514
LINE 24b:	644
LINE 26:	8,100
LINE 30:	686

SCHEDULE H:

EMPLOYER NAME:	SILVER N TONTO	SSN:	400-00-2022
		EIN:	86-1010102

LINE A:	YES
---------	-----

PART I:	
LINE 1:	2,000
LINE 3:	2,000
LINE 9:	NO

SCHEDULE SE #1:

NAME:	TEST L TONTO SR	SSN:	400-00-1022
SECTION A:			
LINE 2:	25,608		

SCHEDULE SE #2:

NAME: SILVER N TONTO **SSN:** 400-00-2022
SECTION A:
LINE 2: 13,518

FORM 4562 #1:

ACTIVITY: SCHEDULE C - 1

PART III:

LINE 19b:	(c)	(d)	(e)	(f)
TUNING EQUIP 01/15/2005	6,200	5	HY	200 DB

PART V:

LINE 24a: YES

LINE 24b: YES

LINE 27:

(a)	(b)	(c)
AUTOMOBILE	1/23/2005	22%

(a) VEHICLE 1

LINE 30: 2015 *NOTE: ALL MILES DRIVEN PRIOR TO 9/1/2005*

LINE 31: 690

LINE 32: 6389

LINE 34: YES

LINE 35: YES

LINE 36: YES *NOTE: TAKE STANDARD MILEGAE*

FORM 4562 #2:

ACTIVITY: SCHEDULE C - 2

PART III:

LINE 17: 2,880

**FORM 4562 #2
(CONT):**

BACKGROUND INFORMATION:

DESCRIPTION:	MUSIC CABINET
PLACED IN SERVICE:	9/12/2004
BASIS:	3,500
RECOVERY PERIOD:	5
CONVENTION:	HY
METHOD:	200 DB

DESCRIPTION:	CELLO (SOLD 07/01/2005)
PLACED IN SERVICE:	1/1/2004
BASIS:	11,000
RECOVERY PERIOD:	5
CONVENTION:	HY
METHOD:	200 DB

LINE 19b:	(c)	(d)	(e)	(f)
CELLO 07/01/2005	25,000	5	HY	200 DB

FORM 4562 #3:

ACTIVITY: SCHEDULE C - 3

PART III:

LINE 17: 1,760

BACKGROUND INFORMATION:

DESCRIPTION: FIXTURES
 PLACED IN SERVICE: 4/15/2004
 BASIS: 5,500
 RECOVERY PERIOD: 5
 CONVENTION: HY
 METHOD: 200 DB

LINE 19b:	(c)	(d)	(e)	(f)
LISTENING EQUIP 03/22/2005	17,500	5	HY	200 DB

FORM 4562 #4:

ACTIVITY: SCHEDULE C - 4

PART I:

LINE 2: 59,300

LINE 6:	(a)	(b)	(c)
IN SERVICE 02/14/2005	PHONE SYSTEM	7,000	7,000

LINE 11: 44,086

FORM 4562 #4 (CONT):

PART V:

LINE 24a: YES

LINE 24b: YES

LINE 26:	(a)	(b)	(c)
AUTOMOBILE	6/15/1996	66%	

NOTE: VEHICLE IS FULLY DEPRECIATED

(a) VEHICLE 1

LINE 30: 16575

LINE 31: 0

LINE 32: 8639

LINE 34: YES

LINE 35: YES

LINE 36: YES

NOTE: DO NOT TAKE STANDARD MILEGAE

FORM 4562 #5:

ACTIVITY: SCHEDULE C - 5
PART V:
LINE 24a: YES
LINE 24b: YES
LINE 26(a): COMPUTER
LINE 26(b): 1/2/2005
LINE 26(c): 75%
LINE 26(d): 4,800
LINE 26(e): 3,600
LINE 26(f): 5
LINE 26(g): 200DBHY

FORM 4797:

PART I:					
LINE 2:	(a)	(b)	(c)	(d)	(e)
	(f)				
CELLO		1/1/2004	7/1/2005	5,000	3,960
					11,000

FORM 8829 #1**(SCHEDULE C #1):**

NAME OF PROPRIETOR: TEST L TONTO SR SSN: 400-00-1022
PART I:
LINE 1: 300
LINE 2: 3200
LINE 3: 9.38%

PART II: (a) DIRECT (b) INDIRECT
LINE 10: 3,000
LINE 11: 300
LINE 18: 320
LINE 19: 20

PART III:
LINE 35: 66,000 NOTE: PLACED IN SERVICE 06/30/2000
LINE 36: 12,000
LINE 39: 2.5640%

FORM 8829 #2**(SCHEDULE C #2):**

NAME OF PROPRIETOR: TEST L TONTO SR SSN: 400-00-1022
PART I:
LINE 1: 420
LINE 2: 3200
LINE 3: 13.13%

FORM 8829 #2 CON'T:

PART II: (a) DIRECT (b) INDIRECT

LINE 10: 3,000
 LINE 11: 300
 LINE 18: 568
 LINE 19: 40

PART III:

LINE 35: 66,000 NOTE: PLACED IN SERVICE 06/30/2000
 LINE 36: 12,000
 LINE 39: 2.5640%

FORM 8829 #3

(SCHEDULE C #3):

NAME OF
 PROPRIETOR: TEST L TONTO SR SSN: 400-00-1022

PART I:

LINE 1: 250
 LINE 2: 3200
 LINE 3: 7.81%

PART II: (a) DIRECT (b) INDIRECT

LINE 10: 3,000
 LINE 11: 300
 LINE 18: 1,142
 LINE 19: 45

PART III:

LINE 35: 66,000 NOTE: PLACED IN SERVICE 06/30/2000
 LINE 36: 12,000
 LINE 39: 2.5640%

FORM 8829 #4

(SCHEDULE C #4):

NAME OF
 PROPRIETOR: SILVER N TONTO SSN: 400-00-2022

PART I:

LINE 1: 280
 LINE 2: 3200
 LINE 3: 8.75%

PART II: (a) DIRECT (b) INDIRECT

LINE 10: 3,000
 LINE 11: 300
 LINE 18: 48
 LINE 19: 120

PART III:

LINE 35: 66,000 NOTE: PLACED IN SERVICE 06/30/2000
 LINE 36: 12,000
 LINE 39: 2.5640%

**FORM 8829 #5
(SCHEDULE C #5):**

NAME OF PROPRIETOR: SILVER N TONTO **SSN:** 400-00-2022

PART I:

LINE 1: 310

LINE 2: 3200

LINE 3: 9.69%

PART II:

	(a) DIRECT	(b) INDIRECT
LINE 10:		3,000
LINE 11:		300
LINE 18:	180	
LINE 19:	52	

PART III:

LINE 35: 66,000 *NOTE: PLACED IN SERVICE 06/30/2000*

LINE 36: 12,000

LINE 39: 2.5640%

FORM 970:

FIRST ELECTION

NAME OF FILER TEST L TONTO SR

PART I:

LINE 1: 12/31/2006 ALL INVENTORY ITEMS
TEST L TONTO SR FORMERLY USED THE COST METHOD OF VALUING
INVENTORY FOR SOUNDS GALORE SCHEDULE C BUSINESS

LINE 3a: NO

LINE 4a: NO

PART II:

LINE 6a: NO

LINE 6b: YES

LINE 7a: YES

LINE 8a: NO

LINE 9a: YES

LINE 10: YES

PART III:

LINE 11:	CATEGORY	TYPE OF GOODS	UNIT OF MEASURE
	MULTI-MEDIA	CDs, TAPES	EACH
LINE 12:	ACUTAL COST OF GOODS MOST RECENTLY PURCHASED OR PRODUCED		

PART VI:

LINE 22: THE COST OF INVENTORY ITEMS WILL BE BASED ON ACTUAL INVOICE COST

LINE 23: NO

ETD TRANSMISSION:**FORM 9465:**

LINE 3:	(520) 555-1020	1:00PM
LINE 4:	(LEAVE BLANK)	
LINE 5:	NONE	
LINE 6:	NONE	
LINE 7:	FORM 1040	
LINE 8:	2005	
LINE 9:		230
LINE 10:		30
LINE 11:		50
LINE 12:		3
TAXPAYER PIN:	19821	
SPOUSE PIN:	29821	
PRIOR YEAR AGI:		0
SIGNATURE DATE:	4/17/2006	

TEST #23

FORMS REQUIRED: FORM 1040, SCH B, SCH C(5), SCH E(2), SCH E PG 2, SCH F, FORM 3903(2),
FORM 4562(8), FORM 6198(5), FORM 8815, FORM 8863, FORM 8903

INFORMATION RETURNS ATTACHED: FORM W-2 (2)

ENTRIES NOT REQUIRING FORMS: FORM 1040, LINE 10:
FORM 1040, LINE 11:
FORM 1040, LINE 13: (X)
FORM 1040, LINE 30:
FORM 1040, LINE 33:

STATEMENTS:

OTHER:

THIRD PARTY DESIGNEE:

NAME: JOHN DOE
PHONE: 888-555-1111
PIN: 11122

PREPARED BY:

TAXPAYER:

NAME:	TEST J CADEN	SSN:	400-00-1023
DOB:	4/15/1966	OCCUPATION:	SAILOR
DISABLED:	NO	PRES ELEC FUND:	YES
DAYTIME PHONE:	NOT GIVEN	BLIND:	NO

CHECK DIGITS FROM IRS LABEL: TA

ADDRESS: USS ROBERT E LEE
FPO, AP 96222

FILING STATUS: HEAD OF HOUSEHOLD **LINE 6d:** 2

DEPENDENT INFORMATION:

NAME	AGE	SSN	RELATIONSHIP	# MO
JASMINE CADEN	19	400-55-3023	DAUGHTER	12

SCHEDULE B:

PART I:
LINE 1: SAMUEL LIVINGSTON 415 SELLER FINANCED
400-44-1023
16 WALLINGTON RD FRANKLIN NC 28734

SCHEDULE B CON'T:

	RIDGECREST SAVINGS BANK	610	
	US SAVINGS BOND	180	
	US S & L	80	TAX-EXEMPT
	OFFSPRING BANK	39	NOMINEE DIST
	FIRST ISSUE	47	OID ADJUSTMENT
	A TO Z BROKERS	67	ACCRUED INTEREST
LINE 3:		180	
PART II:			
LINE 5:	A & B CORP	120	QUALIFIED
	ABC CORP	44	NOMINEE

SCHEDULE C #1:

NAME OF PROPRIETOR:	TEST J CADEN	SSN:	400-00-1023
LINE A:	PAINTING		
LINE B:	235210		
LINE C:	QUALITY HOUSE PAINTING		
LINE E:	16 MAIN ST WILMINGTON NC 28403		
LINE F:	CASH		
LINE G:	YES		
LINE H:	X		<i>NOTE: BUSINESS WAS ACQUIRED DURING 2005</i>
PART I:			
LINE 1:		1,980	
PART II:			
LINE 13:		1,300	
LINE 22:		760	
LINE 32b:	X		<i>NOTE: SOME NOT AT RISK</i>

SCHEDULE C #2:

NAME OF PROPRIETOR:	TEST J CADEN	SSN:	400-00-1023
LINE A:	VENDING MACHINES		
LINE B:	454210		
LINE C:	CADENS SNACKS		
LINE E:	16 MAIN ST WILMINGTON NC 28403		
LINE F:	CASH		
LINE G:	YES		
LINE 1:		2,955	
PART II:			
LINE 9:		525	
LINE 13:		968	
LINE 15:		118	
LINE 22:		26	
LINE 23:		120	
LINE 32b:	X		<i>NOTE: SOME NOT AT RISK</i>

SCHEDULE C#2 CON'T:**PART III:**

LINE 33a:	X	
LINE 34:	NO	
LINE 35:		415
LINE 36:		1,623
LINE 41:		659

SCHEDULE C #3:

NAME OF PROPRIETOR:	TEST J CADEN	SSN:	400-00-1023
----------------------------	--------------	-------------	-------------

LINE A:	FLEA MARKET
LINE B:	454390
LINE C:	CADENS BARGAINS
LINE E:	22 MAIN ST WILMINGTON NC 28403
LINE F:	CASH
LINE G:	YES
LINE H:	X

*NOTE: BUSINESS WAS ACQUIRED DURING 2005***PART I:**

LINE 1:	420
----------------	-----

PART II:

LINE 13:	80
LINE 22:	206
LINE 32b:	X

*NOTE: SOME NOT AT RISK***PART III:**

LINE 33a:	X	
LINE 34:	NO	
LINE 36:		300
LINE 38:		120

SCHEDULE C #4:

NAME OF PROPRIETOR:	TEST J CADEN	SSN:	400-00-1023
----------------------------	--------------	-------------	-------------

LINE A:	BAKERY
LINE B:	311800
LINE C:	CADENS COOKIES
LINE E:	22 MAIN ST WILMINGTON NC 28403
LINE F:	CASH
LINE G:	YES

PART I:

LINE 1:	1,946
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PART II:

LINE 8:	120
LINE 9:	283
LINE 13:	623

SCHEDULE C#4 CON'T:

LINE 18:		76
LINE 22:		196
LINE 23:		100
LINE 25:		400
LINE 32b:	X	NOTE: SOME NOT AT RISK
PART III:		
LINE 33a:	X	
LINE 34:	NO	
LINE 38:		1,165

SCHEDULE C #5:

NAME OF PROPRIETOR:	TEST J CADEN	SSN:	400-00-1023
LINE A:	TOUPEES		
LINE B:	339900		
LINE C:	THE RUG DOCTOR		
LINE E:	16 MAIN ST WILMINGTON NC 28403		
LINE F:	CASH		
LINE G:	YES		
LINE H:	X		NOTE: BUSINESS WAS ACQUIRED DURING 2005
PART I:			
LINE 1:		400	
PART II:			
LINE 13:		200	
LINE 22:		180	
LINE 23:		50	
LINE 32b:	X		NOTE: SOME NOT AT RISK
PART V:			
OTHER EXPENSES:			
	MISCELLANEOUS	60	

**NOTE FOR SCHEDULE E PROPERTIES: ALL AMOUNTS AT RISK, TAXPAYER DID MATERIALLY PARTICIPATE
IN THE RENTAL ACTIVITIES, TAXPAYER IS NOT A REAL ESTATE PROFESSIONAL**

SCHEDULE E #1:

PART I:	
LINE 1A:	MOBILE HOME 1800 S MAPLE ST WILMINGTON NC
LINE 2A:	NO
LINE 3A:	1,200
LINE 9A:	320
LINE 12A:	480
LINE 16A:	100
LINE 17A:	60
LINE 20A:	355

SCHEDULE E#1 CON'T:

LINE 1B:	MOBILE HOME	
	1802 S MAPLE ST WILMINGTON NC	
LINE 2B:	NO	
LINE 3B:		800
LINE 5B:		25
LINE 7B:		44
LINE 9B:		200
LINE 16B:		122

LINE 1C:	MOBILE HOME	
	1804 S MAPLE ST WILMINGTON NC	
LINE 2C:	NO	
LINE 3C:		1,300
LINE 9C:		342
LINE 12C:		480
LINE 16C:		209

SCHEDULE E #2:

PART I:		
LINE 1A:	MOBILE HOME	
	1806 S MAPLE ST WILMINGTON NC	
LINE 2A:	NO	
LINE 3A:		850
LINE 5A:		50
LINE 9A:		360
LINE 14A:		15
LINE 16A:		167
LINE 20A:		567

SCHEDULE E PG 2:

LINE 27:	NO	
LINE 28A(a):	MANUFACTURING, INC	
LINE 28A(b):	S	
LINE 28A(d):	04-1234567	
LINE 28A(j):		300

SCHEDULE F:**NAME OF PROPRIETOR:** TEST J CADEN**SSN:** 400-00-1023

LINE A:	EMU
LINE B:	112900
LINE C:	CASH
LINE E:	YES

PART I:	
LINE 4:	4,200

SCHEDULE F CON'T:**PART II:**

LINE 16:	525
LINE 18:	600
LINE 22:	180
LINE 24:	1,500
LINE 26b:	1,200
LINE 33:	100

FORM 3903 #1:

	MILEAGE FROM OLD HOME TO NEW WORKPLACE:	1,200
	MILEAGE FROM OLD HOME TO OLD WORKPLACE:	15
LINE 1:	160	
LINE 2:	309	

FORM 3903 #2:

LITERAL:	MILITARY MOVE	
	MILEAGE FROM OLD HOME TO NEW WORKPLACE:	600
	MILEAGE FROM OLD HOME TO OLD WORKPLACE:	22
LINE 1:	605	
LINE 2:	233	
LINE 4:	500	(NOTE: FROM FORM W-2)

FORM 4562 #1:**ACTIVITY:** SCHEDULE C - 1**PART III:**

LINE 19b:	(c)	(d)	(e)	(f)	
	TOOLS 03/15/2005	1,200	5	HY	200DB

PART V:

LINE 24a:	YES
LINE 24b:	YES
LINE 26(a):	VAN
LINE 26(b):	6/15/2005
LINE 26(c):	100%
LINE 26(d):	5,300
LINE 26(e):	5,300
LINE 26(f):	5
LINE 26(g):	200DBHY

(a)VEHICLE 1

LINE 30:	2000	NOTE: ALL MILES DRIVEN PRIOR TO 9/1/2005
----------	------	--

LINE 31:	0
----------	---

LINE 32:	0
----------	---

LINE 34:	NO
----------	----

LINE 35:	YES
----------	-----

LINE 36:	YES	NOTE: DO NOT TAKE STANDARD MILEAGE EXPENSE
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FORM 4562 #2:

ACTIVITY: SCHEDULE C – 2

PART III:

LINE 17: 768

BACKGROUND INFORMATION:

DESCRIPTION: VENDING MACHINE
 PLACED IN SERVICE: 1/1/2003
 BASIS: 4,000
 RECOVERY PERIOD: 5
 CONVENTION: HY
 METHOD: 200 DB

LINE 19b:		©	(d)	(e)	(f)
	VENDING MACHINE 03/16/2005	1,000	5	HY	200 DB

PART V:

LINE 24a: YES

LINE 24b: YES

LINE 26:	(a)	(b)	©
	TRUCK	1/1/2001	100%

(a)VEHICLE 1

LINE 30:	1296	NOTE: ALL MILES DRIVEN PRIOR TO 9/1/2005
LINE 31:	0	
LINE 32:	0	
LINE 34:	NO	
LINE 35:	YES	
LINE 36:	YES	NOTE: TAKE STANDARD MILEAGE EXPENSE

FORM 4562 #3:

ACTIVITY: SCHEDULE C – 3

PART III:

LINE 19b:		©	(d)	(e)	(F)
	CASH REGISTER 03/12/2005	400	5	HY	200 DB

FORM 4562 #4:

ACTIVITY: SCHEDULE C – 4

PART III:

LINE 17: 553

BACKGROUND INFORMATION:

DESCRIPTION: COMMERCIAL OVEN
 PLACED IN SERVICE: 1/12/2001
 BASIS: 4,800
 RECOVERY PERIOD: 5
 CONVENTION: HY
 METHOD: 200 DB

LINE 19b:		©	(d)	(e)	(F)
	MIXER 03/24/2005	350	5	HY	200 DB

FORM 4562 #4 CON'T:

PART V:

LINE 24a: YES

LINE 24b: YES

LINE 27:	(a)	(b)	(c)
	AUTO	1/24/2000	6%

(a)VEHICLE 1

LINE 30: 699 *NOTE: ALL MILES DRIVEN PRIOR TO 9/1/2005*

LINE 31: 250

LINE 32: 10175

LINE 34: YES

LINE 35: YES

LINE 36: YES *NOTE: TAKE STANDARD MILEAGE EXPENSE*

FORM 4562 #5:

ACTIVITY: SCHEDULE C - 5

PART III:

LINE 19b:	(c)	(d)	(e)	(F)
EQUIPMENT 4/16/2005	1,000	5	HY	200 DB

FORM 4562 #6:

ACTIVITY: SCHEDULE E - 1

PART III:

LINE 19h:	(b)	(c)
<i>(NOTE: PROPERTY A MOBILE HOME)</i>	06-2005	18,000

FORM 4562 #7:

ACTIVITY: SCHEDULE E - 2

PART III:

LINE 19h:	(b)	(c)
<i>(NOTE: PROPERTY A MOBILE HOME)</i>	04-2005	22,000

FORM 4562 #8:

ACTIVITY: SCHEDULE F - 1

PART III:

LINE 19b:	(c)	(d)	(e)	(F)
INCUBATOR 02/25/2005	3,500	5	HY	150 DB

FORM 6198 #1:**DESCRIPTION:** PAINTING**PART II:**

LINE 6:	0
LINE 7:	1,000
LINE 9:	500

FORM 6198 #2:**DESCRIPTION:** VENDING MACHINES**PART II:**

LINE 6:	4,000
LINE 9:	300

FORM 6198 #3:**DESCRIPTION:** FLEA MARKET**PART II:**

LINE 6:	0
LINE 7:	200

FORM 6198 #4:**DESCRIPTION:** BAKERY**PART II:**

LINE 6:	4,600
LINE 9:	2,000

FORM 6198 #5:**DESCRIPTION:** TOUPEES**PART II:**

LINE 6:	0
LINE 7:	500

FORM 8815:**LINE 1(a):** JASMINE CADEN**LINE 1(b):** SMALLTOWN JUNIOR COLLEGE
1800 LEARNING WAY
SMALLTOWN NC 28455

LINE 2:	8,960
LINE 3:	1,000
LINE 5:	1,180
LINE 6:	180
LINE 9:	38,369

FORM 8863:**PART I:**

LINE 1:	(a)	(b)	(c)
	JASMINE CADEN	400-55-3023	2,000

FORM 8903:

LINE 1:	400
LINE 3:	490
LINE 7:	390
LINE 9:	37,776
LINE 12:	26,600

FROM SCHEDULE C #5

ETD TRANSMISSION:**FORM 9465:**

LINE 3:	(503)555-1023	11:00AM
LINE 4:	(LEAVE BLANK)	
LINE 5:	NONE	
LINE 6:	US NAVY 1100 MILITARY AVE WASHINGTON DC 20222-1643	
LINE 7:	FORM 1040	
LINE 8:	2005	
LINE 9:		163
LINE 10:		63
LINE 11:		25
LINE 12:		5

TAXPAYER PIN:	19821	
PRIOR YEAR AGI:		0
SIGNATURE DATE:	4/17/2006	

TEST #24

FORMS REQUIRED: FORM 1040, SCH C, SCH E PG 2, SCH SE, FORM 2210, FORM 3800,
FORM 6251, FORM 6765, FORM 8582-CR, FORM 8820, FORM 8834,
FORM 8864, FORM 8873, FORM 8881, FORM 8882

INFORMATION RETURNS ATTACHED:

ENTRIES NOT REQUIRING FORMS:

STATEMENTS: FORM 6765, LINE 16
FORM 8873, LINE 19, OTHER EXPENSES

OTHER:

THIRD PARTY DESIGNEE:

NAME: JOHN DOE
PHONE: 888-555-1111
PIN: 11122

PREPARED BY:

TAXPAYER:

NAME:	TEST G HERBALIST	SSN:	400-00-1024
DOB:	4/15/1968	OCCUPATION:	CHEMIST
DISABLED:	NO	PRES ELEC	
DAYTIME PHONE:	805-555-2121	FUND:	YES
		BLIND:	NO

CHECK DIGITS FROM IRS LABEL: LW

ADDRESS: 50 FEEL GOOD AVENUE
GREEN VALLEY LAKE, CA 92341

FILING STATUS: SINGLE **LINE 6d:** 1

SCHEDULE C:

NAME OF PROPRIETOR:	TEST G HERBALIST	SSN:	400-00-1024
LINE A:	DRUG RESEARCH		
LINE B:	325900		
LINE C:	POTIONS TINCTURES AND WHAT NOT		
LINE D:	95-0505020		
LINE F:	CASH		
LINE G:	YES		

SCHEDULE C CON'T:**PART I:****LINE 1:** 87,800**LINE 6:** 4,000**PART II:****LINE 15:** 1,500**LINE 22:** 4,250**LINE 25:** 250**LINE 26:** 9,000**PART V:****OTHER EXPENSES:**

FORM 8873 1,200

SCHEDULE E, PG 2:**PART II:****LINE 27:** NO**LINE 28A(a):** WORLD OF DRUGS**LINE 28A(b):** P**LINE 28A(d):** 53-1234567**LINE 28A(g):** 12,462 NOT SELF-EMPLOYMENT INCOME**NOTE: CREDITS FROM THE FOLLOWING FORMS ARE FROM THIS PARTNERSHIP:**

FORM 8881 500

FORM 8882 275

FORM 8820 1,800

FORM 8834 2,100

SCHEDULE SE:**NAME:** TEST G HERBALIST**SSN:** 400-00-1024**LINE 2:** 75,600**FORM 2210:****NOTE: WILL BE FILED ON THE DUE DATE****PART I:****LINE 8:** 25,000**PART II:****LINE C:** X**SCHEDULE AI:****PART I:** (a) (b) (c) (d)**LINE 1:** 10,000 20,000 35,000**LINE 16:** 0 0 0 4,402**PART II:** (a) (b) (c) (d)**LINE 26:** 9,937 19,874 34,780 69,817

FORM 3800:

LINE 3: 2,575
LINE 5: 1,761
LINE 16: 11,042

FORM 6765:**PART I:**

LINE 4: 8,000
LINE 5: 3,000
LINE 9: 3 (START DATE 05/01/2004)
LINE 10: 16,150
LINE 16: SCHEDULE C LINE 22 SUPPLIES

TOTAL AMOUNT OF SUPPLIES 4,550
REDUCTION FROM FORM 6765 LINE 16 CR 300

SCHEDULE C LINE 26 WAGES

TOTAL AMOUNT OF WAGES 9,800
REDUCTION FROM FORM 6765 LINE 16 CR 800

NOTE: NO ELECTION UNDER SECTION 280C(c)

FORM 8582-CR:

PART I:
LINE 4a: 4,675
LINE 6: 3,198

FORM 8820:

PART I:
LINE 3: 1,800

FORM 8834:

PART I:
LINE 9: 2,100
LINE 11: 2,100
LINE 13: 1,437

FORM 8864:

PART I:
LINE 1a: 210
LINE 2a: 165

FORM 8873:

PART I:
LINE 4a: YES
LINE 5a: 325900
LINE 5b: PHARMACEUTICALS
LINE 5c(1)(a): X

FORM 8873 CON'T

PART II:

LINE 6: 6,000

LINE 13: 3,000

LINE 19: 1,000

NOTE: SHIPPING 125
OFFICE EXPENSE 200
PROFESSIONAL SERVICES 167
TAXES & LICENSE 508

NOTE: MARGINAL COSTING METHOD IS NOT USED

LINE 53a: 1,200

ALL ATTRIBUTABLE TO 100% TRANSACTIONS

FORM 8881:

PART I:

LINE 3: 500

FORM 8882:

PART I:

LINE 5: 275

EIN: 53-1234567

ETD TRANSMISSION:

FORM 9465

LINE 3: (805) 555-1222 8:00PM

LINE 4: (805) 555-2121 NO EXT 9:00AM

LINE 5: NONE

LINE 6: (LEAVE BLANK)

LINE 7: FORM 1040

LINE 8: 2005

LINE 9: 22,424

LINE 10: 10,000

LINE 11: 700

LINE 12: 12

LINE 13(a): 012345672

LINE 13(b): 58592310

ACCOUNT TYPE: CHECKING

TAXPAYER PIN: 19821

PRIOR YEAR AGI: 0

SIGNATURE DATE: 4/15/2006

TEST #25**FORMS REQUIRED:** FORM 1040, SCH A, SCH B, SCH D, FORM 6251, FORM 8801**INFORMATION RETURNS ATTACHED:****ENTRIES NOT REQUIRING FORMS:**

FORM 1040, LINE 7:	7,000	Taxable Scholarship
FORM 1040, LINE 65:	1,000	

STATEMENTS:

SCH B, LINE 1
SCH B, LINE 5
SCH D, LINE 1

OTHER:**THIRD PARTY DESIGNEE:** NONE**PREPARED BY:****TAXPAYER:**

NAME:	TEST O OLYMPICS	SSN:	400-00-1025
DOB:	4/21/1957	OCCUPATION:	INVESTMENT SPECIALIST
DISABLED:	NO	PRES ELEC FUND:	YES
DAYTIME PHONE:	404-555-1020	BLIND:	NO

CHECK DIGITS FROM IRS LABEL: OT**ADDRESS:** 121 TORCH ST
ATLANTA, GA 30301

FILING STATUS:	QUALIFYING WIDOW(ER)	LINE 6d:	2
	YEAR SPOUSE DIED: 2004		

DEPENDENT INFORMATION:

NAME	AGE	SSN	RELATIONSHIP	# MO	CHILD TAX CREDIT
WENDY OLYMPICS	9	400-55-3025	DAUGHTER	12	X

SCHEDULE A:

LINE 1:	18,000	
LINE 5:	1,500	STATE ESTIMATED TAXES PAID
LINE 5a:	X	
LINE 6:	1,750	
LINE 7:	500	
LINE 10:	9,300	
LINE 12:	2,500	

SCHEDULE A CON'T:

LINE 15:	5,200	NOTE: ALL DONATIONS MADE PRIOR TO 8/28/2005
LINE 21:	825	
LINE 22:	100	SAFE DEPOSIT BOX
	1,200	INVESTMENT EXPENSE

SCHEDULE B:**PART I:**

LINE 1:	LAST CITIZENS	950	ACCRUED
	CBA BANK	3,200	NOMINEE
	MYPLACE	1,255	TAX-EXEMPT
	AMERICAN		
	FINANCE	1,770	OID ADJUSTMENT
	MUNICIPAL INT	2,444	TAX-EXEMPT
	PAB (AFTER 8/7/1986)	12,000	TAX-EXEMPT
	MIDDLE UNION	2,575	
	NOWBANK	7,800	
	FIRST BANK	1,200	
	SECOND BANK	2,600	
	THIRD BANK	3,650	
	SIXTH BANK	4,160	
	SEVENTH BANK	63	
	EIGHTH BANK	44	
	NINTH BANK	129	
	TENTH BANK	261	

PART II:

LINE 5:	ABC CORP	1,450	QUALIFIED
	DEF CORP	1,475	QUALIFIED
	GHI CORP	1,260	QUALIFIED
	JKL CORP	1,850	QUALIFIED
	MNO CORP	2,500	QUALIFIED
	PQR CORP	550	QUALIFIED
	STU CORP	425	QUALIFIED
	VWX CORP	350	QUALIFIED
	YZZ CORP	575	QUALIFIED
	1ST CO	555	QUALIFIED
	2ND CO	933	QUALIFIED
	3RD CO	975	QUALIFIED
	4TH CO	125	QUALIFIED
	5TH CO	28	QUALIFIED
	6TH CO	290	QUALIFIED
	7TH CO	390	QUALIFIED
	8TH CO	599	QUALIFIED
	9TH CO	47	QUALIFIED
	KIDDIE INVESTMENTS	430	NOMINEE
	MULTI INVESTORS	1,789	NON-QUALIFIED

PART III:

LINE 7a:	NO
LINE 8:	NO

SCHEDULE D:**PART I:**

LINE 1:	(a)	(b)	(c)	(d)	(e)
	ABC	1/25/2005	1/31/2005	5,000	2,000
	DEF	3/24/2004	2/5/2005	10,000	3,000
	GHI	2/28/2005	5/6/2005	10,000	9,000
	JKL	4/29/2005	11/17/2005	7,000	4,000
	MNO	5/23/2004	5/5/2005	15,000	13,000
	STOCK OPTION	12/15/2004	10/31/2005	EXPIRED	1,325

PART II:

LINE 8:	(a)	(b)	(c)	(d)	(e)
	PQR	12/2/2002	3/16/2005	15,000	16,600
	STU	8/14/2001	6/17/2005	2,575	2,000
	50 SHS WERGONE	VARIOUS	WORTHLESS	-0-	2,500
	VWX	INHERIT	6/27/2005	8,100	8,500
	RUG	3/27/1987	8/15/2005	25,000	3,000

NOTE: THE RUG IS CONSIDERED A COLLECTIBLE AND THEREFORE SHOULD BE TAXED AT THE 28% RATE GAIN

LINE 13(f): 515 FROM MULTI INVESTORS

LINE 18: 22,016 *NOTE:*
22,000 - GAIN ON RUG
16 - LINE 13 CAPITAL GAIN DIST FROM MULTI INVESTORS

LINE 19: 99 FROM MULTI INVESTORS

FORM 6251:**PART I:**

LINE 2: 1,973
LINE 3: 3,750
LINE 5: 547
LINE 11: 12,000

FORM 8801:**PART I:**

LINE 1: 35,000
LINE 2: 34,100
LINE 11: USE "ALL OTHERS" CALCULATION
LINE 14: 1,500

PART II:

LINE 16: 3,000

ETD TRANSMISSION:

FORM 4868:

LINE 4:	1,291
LINE 5:	1,000
LINE 6:	291
LINE 7:	1,500

TEST #26

FORMS REQUIRED: FORM 1040, SCH B, SCH D, SCH E PG2, FORM 1116 (5),
FORM 4972, FORM 6781, FORM 8275

INFORMATION RETURNS ATTACHED:
FORM W-2 (1), FORM 1099-R (1)

ENTRIES NOT REQUIRING FORMS:

FORM 1040, LINE 34:	2,000
FORM 1040, LINE 65:	500

STATEMENTS: FORM 1116 (#1), BOX C, FINANCIAL SERVICES INCOME
FORM 1116, LINE 3b, OTHER DEDUCTIONS

OTHER:

THIRD PARTY DESIGNEE: NONE

PREPARED BY:

TAXPAYER:

NAME:	TEST F STILES	SSN:	400-00-1026
DOB:	6/28/1977	OCCUPATION:	STOCK BROKER
DISABLED:	NO	PRES ELEC FUND:	NO
DAYTIME PHONE:	NOT GIVEN	BLIND:	NO

CHECK DIGITS FROM IRS LABEL: KC

ADDRESS: 4664 COUSINS PL
TILLAMOOK, OR 97141

FILING STATUS:	SINGLE	LINE 6d:	1
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SCHEDULE B:

PART II:

LINE 5:	AMERICAN INVESTMENTS	3,650	NON-QUALIFIED
	ACME	80	NON-QUALIFIED
	WIZE INV	220	NON-QUALIFIED
	INSIDER	650	NON-QUALIFIED
	FINE ARTS COUNCIL	260	NON-QUALIFIED

PART III:

LINE 7a:	NO
LINE 8:	NO

SCHEDULE D:**PART I:**

LINE 1:	(a)	(b)	(c)	(d)	(e)
	100 SHS ACME	4/25/2005	7/15/2005	5,700	3,970

PART II:

LINE 8:	(a)	(b)	(c)	(d)	(e)
	60 SHS WIZE INV	2/13/1996	12/15/2005	1,260	624
	15 SHS INSIDER	3/12/2002	5/22/2005	150	330

SCHEDULE E, PAGE 2:**PART II:**

LINE 27: NO

LINE 28A(a): ARGENTINIAN CRUISE LINES

LINE 28A(b): P

LINE 28A(c): X

LINE 28A(d): 04-5763210

LINE 28A(g): 5,430

LINE 28B(a): IRISH-AMERICAN EXPORTS LTD

LINE 28B(b): S

LINE 28B(d): 99-4243000

LINE 28B(g): 9,200

LINE 28C(a): ISRAELI SALES INC

LINE 28C(b): S

LINE 28C(d): 99-1234455

LINE 28C(j): 7,500

LINE 28D(a): FRENCH FINANCIAL SERVICES

LINE 28D(b): S

LINE 28D(d): 99-1010112

LINE 28D(g): 6,700

FORM 1116 #1:

INCOME CATEGORY: (c) X

STATEMENT: BANKING INCOME 6,700

LINE k: UNITED STATES

PART I: (A)

LINE I: FRANCE

LINE 1: 6,700 GROSS INCOME SOURCE: BANKING

LINE 3a: 5,000

LINE 3b: 2,000

STATEMENT: TUITION AND FEES DEDUCTION

LINE 3d: 6,700

LINE 3e: 52,276

PART II:

LINE A:	(m)	(o)	(w)
	X	3/12/2005	416

FORM 1116 #2:

INCOME CATEGORY: (d) X
LINE k: UNITED STATES

PART I: (A)

LINE I: ARGENTINA

LINE 1: 5,430 **GROSS INCOME SOURCE:** SHIP LEASES

LINE 3a: 5,000

LINE 3b: 2,000

STATEMENT: TUITION AND FEES DEDUCTION

LINE 3d: 5,430

LINE 3e: 52,276

PART II:

LINE A:	(m)	(o)	(w)
	X	12/5/2005	200

FORM 1116 #3:

INCOME CATEGORY: (e) X
LINE k: UNITED STATES

PART I: (A)

LINE I: IRELAND

LINE 1: 9,200 **GROSS INCOME SOURCE:** EXPORT LEASING

LINE 3a: 5,000

LINE 3b: 2,000

STATEMENT: TUITION AND FEES DEDUCTION

LINE 3d: 9,200

LINE 3e: 52,276

PART II:

LINE A:	(m)	(o)	(u)
	X	12/15/2005	540

FORM 1116 #4:

INCOME CATEGORY: (f) X
LINE k: UNITED STATES

PART I: (A)

LINE I: ISRAEL

LINE 1: 7,500 **GROSS INCOME SOURCE:** EXPORT SALES

LINE 3a: 5,000

LINE 3b: 2,000

STATEMENT: TUITION AND FEES DEDUCTION

LINE 3d: 7,500

LINE 3e: 52,276

PART II:

LINE A:	(m)	(o)	(w)
	X	6/18/2005	700

FORM 1116 #5:

INCOME CATEGORY: (j) X
LINE k: UNITED STATES

PART I: (A)**LINE I:** MEXICO

LINE 1: 17,400 **GROSS INCOME SOURCE:** WAGES

LINE 3a: 5,000**LINE 3b:** 2,000**STATEMENT:** TUITION AND FEES DEDUCTION**LINE 3d:** 17,400**LINE 3e:** 52,276**PART II:**

LINE A: (m) (o) (w)
X 12/31/2005 1,600

FORM 4972:

NAME: TEST F STILES **SSN:** 400-00-1026

PART I:**LINE 1:** YES**LINE 2:** NO**LINE 3:** YES**LINE 4:** NO**LINE 5a:** NO**LINE 5b:** NO**PART III:****LINE 8:** 7,600**LINE 9:** 5,000**LINE 29 LITERAL:** MRD**FORM 6781****PART I:**

LINE 1 (a) (c)
FORM 1099-B PORKBELLIES R US 1,000

PART II:**SECTION A:**

LINE 10: (a) (b) (c) (d) (e)
ABC 1205CAL 6/30/2005 10/15/2005 10,000 15,000

PART II:**SECTION B:**

LINE 12: (a) (b) (c) (d) (e)
ABC 1205PUT 6/30/2005 10/15/2005 15,000 12,000

FORM 8275:**PART I:****LINE 1:**

(a)	(b)	(c)	(d)	(e)	(f)
274(M)3	1120S	SHAREHOLDER FORMER SPOUSE CRUISE SHIP TRAVEL EXP	E	28B	3,000

PART II:**LINE 1:**

FORMER SPOUSE OF SHAREHOLDER, WHO IS ALSO A COMPANY EMPLOYEE, TRAVELED
ON OVERSEAS CRUISE IN ORDER TO HELP SHAREHOLDER ENTERTAIN CLIENTS ON
THE SHIP

PART III:**LINE 1:**

IRISH-AMERICAN EXPORTS LTD
500 MAIN ST
TILLAMOOK OR 97141

LINE 2:

99-4243000

LINE 3:

01/01/2005 TO 12/31/2005

LINE 4:

OGDEN, UT

ETD TRANSMISSION:**FORM 9465:**

LINE 3: (503)555-1254 7:00PM

LINE 4: (LEAVE BLANK)

LINE 5: (LEAVE BLANK)

LINE 6: NONE

LINE 7: FORM 1040

LINE 8: 2005

LINE 9: 613

LINE 10: 113

LINE 11: 50

LINE 12: 26

TAXPAYER PIN: 19821

PRIOR YEAR AGI: 0

SIGNATURE DATE: 4/15/2006

TEST #27

FORMS REQUIRED: FORM 1040, SCH F, SCH SE, FORM 3468, FORM 3800, FORM 4562, FORM 5884,
FORM 6251, FORM 6478, FORM 8824, FORM 8835, FORM 8845, FORM 8861

INFORMATION RETURNS ATTACHED: FORM W-2 (2)

ENTRIES NOT REQUIRING FORMS:

STATEMENTS:

OTHER:

THIRD PARTY DESIGNEE: NONE

PREPARED BY:

TAXPAYER:

NAME:	TEST O MACDONALD	SSN:	400-00-1027
DOB:	8/14/1955	OCCUPATION:	TRUCK DRIVER
DISABLED:	NO	PRES ELEC FUND:	NO
DAYTIME PHONE:	NOT GIVEN	BLIND:	NO

SPOUSE:

NAME:	DAISY MACDONALD	SSN:	400-00-2027
DOB:	9/25/1955	OCCUPATION:	FARMER
DISABLED:	NO	PRES ELEC FUND:	NO
		BLIND:	NO

CHECK DIGITS FROM IRS LABEL: DX

ADDRESS: 1 FIRST STREET APT 3
SUNSHINE, IA 52544

FILING STATUS: MARRIED FILING JOINT **LINE 6d:** 4

DEPENDENT INFORMATION:

NAME	AGE	SSN	RELATIONSHIP	# MO	CHILD TAX CREDIT
JETHRO MACDONALD	18	400-55-3027	SON	12	
ELLIE MAE MACDONALD	17	400-55-4027	DAUGHTER	12	

SCHEDULE F:**NAME OF PROPRIETOR:** DAISY MACDONALD**SSN:** 400-00-2027**LINE A:** PRODUCE**LINE B:** 111210**LINE C:** CASH**LINE E:** YES**PART I:****LINE 4:** 145,000**PART II:****LINE 13:** 2,500**LINE 16:** 101,786**LINE 19:** 2,500**LINE 21:** 4,500**LINE 24:** 25,000**LINE 31:** 500

SCHEDULE SE:**NAME:** DAISY MACDONALD**SSN:** 400-00-2027**SECTION A:****LINE 1:** 8,214

FORM 3468:**PART 1:****LINE 2a:** 2,632

FORM 3800:**PART II:****LINE 16:** 0

FORM 4562:**ACTIVITY:** SCHEDULE F-1**PART I:****LINE 2:** 106,632**LINE 6:**

IN SERVICE 03-15-2005

(a)

COMBINE

(b)

100,000

(c)

100,000

PART III:**LINE 17:** 983**BACKGROUND INFORMATION:****DESCRIPTION:** 99 MASSEY TRACTOR**PLACED IN SERVICE:** 12/1/2003**BASIS:** 6,000**RECOVERY PERIOD:** 7**CONVENTION:** MQ**METHOD:** 150 DB

FORM 4562 CON'T:

DESCRIPTION: 99 JOHN DEERE TRACTOR
PLACED IN SERVICE: 10/12/2005
BASIS: 6,000
RECOVERY PERIOD: 7
CONVENTION: MQ
METHOD: 150 DB

*NOTE: BECAUSE OF THE LIKE-KIND EXCHANGE ON FORM 8824 THIS ASSET
STEPS INTO THE REMAINING RECOVERY PERIOD AND SAME DEPRECIATION METHOD
AND CONVENTION OF THE 99 MASSEY TRACTOR*

LINE 19b:	(c)	(d)	(e)	(f)
	2,500	5	HY	150 DB

BACKGROUND INFORMATION:

DESCRIPTION: SOLAR ENERGY PANELS
PLACED IN SERVICE: 4/15/2005
BASIS: 2,500

NOTE: COST OF \$2632 LESS ½ OF ORIGINAL ITC OF 132

LINE 19c:	(c)	(d)	(e)	(f)
	4,000	7	HY	150 DB

BACKGROUND INFORMATION:

DESCRIPTION: FERTILIZER SPREADER
PLACED IN SERVICE: 6/15/2005
BASIS: 4,000

FORM 5884:**PART I:**

LINE 1a:	1,250	<i>NOTE: WAGES - WORKED AT LEAST 120 HOURS</i>
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FORM 6478:**(a)**

LINE 2a:	2,000
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FORM 8824:**PART I:**

LINE 1:	99 MASSEY TRACTOR
LINE 2:	99 JOHN DEERE TRACTOR
LINE 3:	12/1/2003
LINE 4:	10/12/2005
LINE 5:	9/18/2005
LINE 6:	10/12/2005
LINE 7:	NO

PART III:

LINE 16:	5,000
LINE 18:	3,810

FORM 8835

SECTION A:

PART I:

LINE 1: 29,412

NOTE: KILOWATT-HOURS PRODUCED AND SOLD

FORM 8845:

PART I:

LINE 1: 5,500

LINE 2: 3,000

FORM 8861:

PART I:

LINE 1a: 1,429

NOTE: QUALIFIED FIRST YEAR WAGES

LINE 1b: 530

NOTE: QUALIFIED SECOND YEAR WAGES

ETD TRANSMISSION:

FORM 4868:

LINE 4: 1,161

LINE 5: 749

LINE 6: 412

LINE 7: 412

TEST #28

FORMS REQUIRED: FORM 1040, SCH A, SCH C, SCH SE, FORM 2106-EZ, FORM 3800, FORM 4562,
FORM 6251, FORM 8826, FORM 8844, FORM 8846, FORM 8866, FORM 8874

INFORMATION RETURNS ATTACHED:
FORM W-2 (1)

ENTRIES NOT REQUIRING FORMS:

STATEMENTS: FORM 4562, LINE 19C, 7 YEAR PROPERTY

OTHER:

THIRD PARTY DESIGNEE: NONE

PREPARED BY:

TAXPAYER:

NAME: TEST A LOTT
DOB: 1/16/1955
DISABLED: NO
DAYTIME PHONE: NOT GIVEN

SSN: 400-00-1028
OCCUPATION: SELF-EMPLOYED
PRES ELEC FUND: YES
BLIND: NO

SPOUSE:

NAME: EDNA K LOTT
DOB: 9/15/1955
DISABLED: NO

SSN: 400-00-2028
OCCUPATION: BANKER
PRES ELEC FUND: NO
BLIND: NO

CHECK DIGITS FROM IRS LABEL: UK

ADDRESS: 45020 GREEN WAY
DALLAS, TX 75202

FILING STATUS: MARRIED FILING JOINT **LINE 6d:** 2

SCHEDULE A:

LINE 5: 1,656
LINE 5b: X
LINE 6: 19,000
LINE 7: 700
LINE 15: 117,500
LINE 20: 3,750
LINE 21: 1,000

NOTE: ALL DONATIONS MADE PRIOR TO 8/25/2005
NOTE: FORM 2106-EZ

SCHEDULE C:

PROPRIETOR: TEST A LOTT
LINE A: RECORDING STUDIO
LINE B: 512200
LINE C: GOOD VIBES
LINE D: 76-1188111
LINE E: 453 PALM TREE BLVD
DALLAS TX 75258
LINE F: CASH
LINE G: YES

SSN: 400-00-1028

PART I:
LINE 1: 738,000

PART II:
LINE 8: 8,000
LINE 10: 19,900
LINE 13: 127,847
LINE 15: 15,000
LINE 16a: 83,000
LINE 17: 1,700
LINE 18: 180
LINE 20a: 25,000
LINE 21: 12,100
LINE 23: 240
LINE 25: 12,500
LINE 26: 170,000

PART III:
LINE 33a: X
LINE 34: NO
LINE 35: 35,000
LINE 36: 60,000
LINE 38: 20,000
LINE 39: 3,000
LINE 41: 65,000

PART V:
OTHER EXPENSES: CONTRACT MUSICIANS 39,000

SCHEDULE SE:

NAME: TEST A LOTT
SECTION A:
LINE 2: 170,533

SSN: 400-00-1028

FORM 2106-EZ:

NAME: EDNA K LOTT
OCCUPATION: BANKER

SSN: 400-00-2028

PART I:
LINE 2: 275
LINE 3: 2,800
LINE 4: 600
LINE 5(a): 150
LINE 5(b): 75

FORM 4562:

ACTIVITY: SCHEDULE C-1

PART II:
LINE 16: 126,175

BACKGROUND INFORMATION:

DESCRIPTION: RECORDING EQUIPMENT
PLACED IN SERVICE: 6/6/2002
BASIS: 875,000
RECOVERY PERIOD: 5
CONVENTION: HY
METHOD: INCOME FORECAST – 14.42%

NOTE: NO DIFFERENCE IN DEPRECIATION BETWEEN REGULAR AND AMT CALCS

PART III:

LINE 19c:	(c)	(d)	(e)	(f)
FURNITURE AND FIXTURES 04-15-2005	7,800	7	HY	200 DB
FURNITURE AND FIXTURES 12-31-2005	3,900	7	HY	200 DB

FORM 8826:

PART I:
LINE 1: 8,800

FORM 8844:

PART I:
LINE 1a: 25,000

FORM 8846:

PART I:
LINE 1: 200

FORM 8866:

	(a)	(b)	(c)
LINE 1:	12/2002	12/2003	12/2004
	704,994	1,222,641	991,128
LINE 2:	72,625	111,125	80,500
LINE 4:	276,092	485,593	350,276
LINE 5:	247,696	442,699	322,101
LINE 7:	4,095	3,736	1,183

FORM 8874:**PART I:**

LINE 1:	(a)	(b)	(c)	(d)
	LOW INCOME DEV INC	56-0001234	6/15/2005	5,000
	15 MAIN STREET			
	DALLAS, TX 75202			

ETD TRANSMISSION:**FORM 9465:**

LINE 4: 716-555-1028 NO EXT

LINE 6: THIRD REGIONAL BANK
ONE TOWER SQUARE
DALLAS TX 75266

LINE 7: FORM 1040

LINE 8: 2005

LINE 9: 20,567

LINE 10: 10,567

LINE 11: 1,000

LINE 12: 10

TAXPAYER PIN: 19821

SPOUSE PIN: 29821

PRIOR YEAR AGI: 0

SIGNATURE DATE: 4/15/2006

TEST #29

FORMS REQUIRED: FORM 1040, SCH D, SCH E PG 2, SCH F, SCH J, SCH SE, FORM 2210-F,
FORM 4255, FORM 4562, FORM 4797, FORM 6251, FORM 8828, FORM 8896,
FORM PMT

INFORMATION RETURNS ATTACHED:

ENTRIES NOT REQUIRING FORMS:

FORM 1040, LINE 65: (ALL PAID BY 1-15-2006) 3,000

STATEMENTS:

OTHER: TOTAL SOCIAL SECURITY BENEFITS RECEIVED: 2,200
DIRECT DEBIT

THIRD PARTY DESIGNEE: NONE

PREPARED BY:

TAXPAYER:

NAME: TEST T LIVINGWATERS
DOB: 12/11/1934
DISABLED: NO
DAYTIME PHONE: NOT GIVEN

SSN: 400-00-1029
OCCUPATION: RETIRED
PRES ELEC FUND: YES
BLIND: YES

SPOUSE:

NAME: ISABEL H LIVINGWATERS
DOB: 7/7/1938
DISABLED: NO

SSN: 400-00-2029
OCCUPATION: FARMER
PRES ELEC FUND: YES
BLIND: NO

CHECK DIGITS FROM IRS LABEL: WH

ADDRESS: 341 RONALD RD
HULL, IL 62343

FILING STATUS: MARRIED FILING JOINT

LINE 6d: 2

SCHEDULE D:

PART II:

LINE 8:

(a)	(b)	(c)	(d)	(e)
ANTIQUES	5/21/1985	9/13/2005	4,500	3,500

NOTE: THE ANTIQUES ARE CONSIDERED A COLLECTIBLE AND THEREFORE
SHOULD BE TAXED AT THE 28% RATE GAIN

SCHEDULE E, PG 2

PART II:
LINE 27: NO
LINE 28A(a): TIDAL WAVE, INC
LINE 28A(b): S
LINE 28A(d): 56-2455198
LINE 28A(g): 1,500

SCHEDULE F:

NAME OF PROPRIETOR: ISABEL H LIVINGWATERS

SSN: 400-00-2029

LINE A: WHEAT
LINE B: 111100
LINE C: ACCRUAL
LINE D: 37-3012345
LINE E: YES

PART II:

LINE 12:	2,500	
LINE 13:	500	
LINE 15:	250	
LINE 16:	10,633	
LINE 17:	1,562	
LINE 19:	800	
LINE 20:	1,020	
LINE 21:	4,000	
LINE 22:	1,200	
LINE 23a:	1,890	
LINE 24:	12,400	
LINE 26a:	1,500	
LINE 27:	750	
LINE 28:	644	
LINE 29:	1,200	
LINE 30:	1,980	
LINE 31:	1,054	
LINE 32:	2,518	
LINE 34a:	95	SUBSCRIPTIONS

PART III:

LINE 38:	71,030	
LINE 39a:	1,400	
LINE 39b:	1,400	
LINE 40a:	230	
LINE 40b:	230	
LINE 42:	350	
LINE 43:	1,400	
LINE 44:	980	
LINE 46:	16,010	
LINE 47:	4,400	
LINE 49:	19,655	

SCHEDULE J:

NOTE: FILING STATUS FOR 2004 WAS 3-MARRIED FILING SEPARATELY.
2003 AND 2002 WERE 2-MARRIED FILING JOINTLY.

NOTE 2: SCHEDULE D WAS NOT FILED IN 2002, 2003, OR 2004.
USE THE TAX RATE SCHEDULES TO COMPUTE THE TAX FOR THOSE YEARS.

LINE 2:	6,064
LINE 5:	200
LINE 9:	2,005
LINE 13:	-2,000
LINE 18:	20
LINE 19:	201
LINE 20:	0

SCHEDULE SE:

NAME:	ISABEL H LIVINGWATERS	SSN:	400-00-2029
SECTION A:			
LINE 1:	28,139		

FORM 2210-F

NOTE: FORM 2210-F TAX INCLUDES SELF EMPLOYMENT TAX, SCHEDULE J TAX
USES INCOME TAX ONLY.

PART I:

LINE 1b: X

PART II:

LINE 14: 3,270

PART III:

LINE 18: 4/17/2006

FORM 4255:

PROPERTY A:	SOLAR POWER COLLECTOR
LINE 1A:	10%
LINE 2A:	25,000
LINE 4A:	4/1/2004
LINE 5A:	4/15/2005
LINE 7A:	80%

FORM 4562:

ACTIVITY: SCHEDULE F - 1

PART III:

LINE 17: 8,383

BACKGROUND INFORMATION:

DESCRIPTION:	FARM EQUIPMENT
PLACED IN SERVICE:	1/24/2003
BASIS:	30,000
RECOVERY PERIOD:	5
CONVENTION:	HY
METHOD:	150 DB

FORM 4562 CON'T:

DESCRIPTION: SOLAR POWER COLLECTOR
PLACED IN SERVICE: 4/1/2004
BASIS: 23,750
RECOVERY PERIOD: 5
CONVENTION: HY
METHOD: 150 DB

NOTE: SOLD 4/15/2005

NOTE: COST OF 25000 LESS 1/2 original ITC

LINE 19b:	(c)	(d)	(e)	(f)
Tractor 6/15/2005	15,000	5	HY	150 DB

PART V:

LINE 24a: YES

LINE 24b: YES

LINE 26:	(a)	(b)	(c)
TRUCK	3/18/1997	100%	

NOTE: TRUCK IS FULLY DEPRECIATED

(a)VEHICLE 1

LINE 30: 6000 **NOTE:** ALL MILES DRIVEN PRIOR TO 9/1/2005

LINE 31: 0

LINE 32: 0

LINE 34: NO

LINE 35: YES

LINE 36: YES **NOTE:** DO NOT TAKE MILEAGE EXPENSE

FORM 4797:

PART III:

LINE 19A:	(a)	(b)	(c)
SOLAR POWER COLLECTOR		4/1/2004	4/15/2005

PROPERTY TYPE: 1245

PROPERTY A

LINE 20: 21,747

LINE 21: 25,000

LINE 22: 6,841

NOTE: TOTAL DEPRECIATION ALLOWED PLUS ½ OF ORIGINAL INVESTMENT TAX CREDIT LESS 50% OF THE INVESTMENT CREDIT RECAPTURE TAX

FORM 6251:

PART I:

LINE 28: 32,909

FORM 8828:**PART I:**

LINE 1: 128 SOUTH MACON AVE
HULL IL 62343

LINE 2b: X

LINE 3: IL; ALAMANCE; FMHA

LINE 4: SECOND BANK
255 MONEY LENDING ST
HULL IL 62343

LINE 5: 10/25/2001

LINE 6: 4/25/2005

LINE 7: 3 YRS 6 MOS

LINE 8: 4/25/2005

PART II:

LINE 9: 180,000

LINE 10: 9,000

LINE 12: 69,700

LINE 15: 32,909

LINE 16: 18,000

LINE 19: 3,750

LINE 20: 20%

FORM 8896:**PART I:**

LINE 7: 40

PART II:

LINE 16: 0

PAYMENT:

ROUTING TRANSIT NUMBER: 012456778
BANK ACCOUNT NUMBER: 111-333-6543
TYPE OF ACCOUNT: CHECKING
AMOUNT: 4,839
PAYMENT DATE: 4/17/2006
DAYTIME PHONE: 618-555-1020
FORM: 1040E
ETD TRANSMISSION FORM TYPE: 4868E

ETD TRANSMISSION:**FORM 4868:**

LINE 4: 7,835

LINE 5: 3,000

LINE 6: 4,835

LINE 7: 4,835

TAXPAYER PIN: 12345

SPOUSE PIN: 67890

ERO PIN: 28734

SIGNATURE DATE: 4/17/2006

TEST #30

FORMS REQUIRED: FORM 1040, SCH A, SCH E PG2, SCH F, SCH SE, FORM 2210-F, FORM 4562,
FORM 4684 PG2, FORM 4797, FORM 4835(2), FORM 4952, FORM 8283 PG2,
FORM 8396, FORM PMT

INFORMATION RETURNS ATTACHED:

ENTRIES NOT REQUIRING FORMS: 1040, LINE 8a: 390
FORM 1040, LINE 10: 2,000

STATEMENTS: WAIVER EXPLANATION FOR FORM 2210-F
FORM 4562, LINE 19b, 5 YEAR PROPERTY

OTHER: DIRECT DEBIT

THIRD PARTY DESIGNEE:

NAME: JOHN DOE
PHONE: 888-555-1111
PIN: 11122

PREPARED BY:

TAXPAYER:

NAME: TEST E RATT
DOB: 6/10/1952
DISABLED: NO
DAYTIME PHONE: NOT GIVEN

SSN: 400-00-1030
OCCUPATION: FARMER
PRES ELEC FUND: YES
BLIND: NO

SPOUSE:

NAME: WHARF B RATT
DOB: 4/17/1956
DISABLED: NO

SSN: 400-00-2030
OCCUPATION: HOMEMAKER
PRES ELEC FUND: YES
BLIND: NO

CHECK DIGITS FROM IRS LABEL: PB

ADDRESS: 452 MOUSETRAP CT
CHEESETOWN, PA 17201

FILING STATUS: MARRIED FILING JOINT **LINE 6d:** 2

SCHEDULE A:

LINE 1: 2,119
LINE 5: 480
LINE 5a: X
LINE 7: 1,120
LINE 10: 1,217

STATE ESTIMATED TAXES

TOTAL MTG INTEREST PAID 1,352

SCHEDULE A CON'T:

LINE 11: JAMES BOWLIN
PO BOX 123 FRANKLIN PA 17304
400-44-3030

AMOUNT PAID: 360

LINE 12: 100

LINE 13: 71

LINE 15: 300

LINE 16: 7,000

NOTE: ALL DONATIONS MADE PRIOR TO 8/25/2005

NOTE: LIMITED BY AGI TO 6,833

SCHEDULE E, PAGE 2:**PART V:**

LINE 42: 16,060

SCHEDULE F:

NAME OF PROPRIETOR: TEST E RATT

SSN: 400-00-1030

LINE A: SOYBEANS

LINE B: 111900

LINE C: ACCRUAL

LINE E: YES

PART II:

LINE 12: 360

LINE 13: 963

LINE 15: 120

LINE 16: 149,491

LINE 19: 1,496

LINE 20: 3,950

LINE 21: 4,303

LINE 22: 1,900

LINE 23a: 1,200

LINE 23b: 300

LINE 24: 28,200

LINE 26a: 1,010

LINE 26b: 1,200

LINE 27: 3,044

LINE 28: 2,690

LINE 29: 5,854

LINE 30: 231

LINE 31: 842

LINE 32: 1,800

LINE 34a: 4,105

TRACTOR TIRES

PART III:

LINE 38: 226,717

LINE 39a: 1,800

LINE 39b: 1,500

LINE 40a: 400

LINE 40b: 400

SCHEDULE F CON'T:

LINE 42:	200
LINE 43:	500
LINE 44:	325
LINE 46:	34,308
LINE 47:	6,790
LINE 49:	33,601

SCHEDULE SE:

NAME :	TEST E RATT	SSN:	400-00-1030
SECTION A:			
LINE 1:	9,086		

FORM 2210-F:

PART I:	
LINE 1a:	X
PART II:	
LINE 14:	1,795
PART III:	
LINE 18:	4/17/2006
LINE 20: LITERAL:	AMOUNT WAIVED 10
LITERAL FOR WAIVER STATEMENT:	FINANCIAL HARDSHIP DUE TO MAJOR TORNADO DAMAGE

FORM 4562:

ACTIVITY:	SCHEDULE F - 1
PART I:	
LINE 2:	438,000
LINE 6:	
	(a) (b) (c)
	JOHN DEERE COMBINE 190,000 62,000
PART III:	
LINE 17:	36,582

BACKGROUND INFORMATION:

DESCRIPTION:	TRACTOR	NOTE: SOLD 12-31-2005
PLACED IN SERVICE:	8/1/2004	
BASIS:	18,000	
RECOVERY PERIOD:	5	
CONVENTION:	HY	
METHOD:	150 DB	

BACKGROUND INFORMATION:

DESCRIPTION:	HARVESTER
PLACED IN SERVICE:	7/1/2004
BASIS:	134,460
RECOVERY PERIOD:	5
CONVENTION:	HY
METHOD:	150 DB

FORM 4562 CON'T:

LINE 19b:	(c)	(d)	(e)	(f)
TRACTOR 06-01-2005	142,000	5	HY	150 DB
TRUCK 06-15-2005	46,000	5	HY	150 DB
GRAIN TRAILER 06-15-2005	60,000	5	HY	150 DB

LINE 19c:	(c)	(d)	(e)	(f)
	89,600	7	HY	150 DB

BACKGROUND INFORMATION:

DESCRIPTION: JOHN DEERE COMBINE
 PLACED IN SERVICE: 5/15/2005
 BASIS: 128,000
 NOTE: COST BASIS OF 190,000 LESS SECTION 179 EXPENSE OF 62,000

PART V:

LINE 24(a): YES
 LINE 24(b): YES

LINE 26:	(a)	(b)	(c)
	TRUCK	3/21/2002	100%

NOTE: TRUCK IS FULLY DEPRECIATED

(a)VEHICLE 1

LINE 30: 1500 NOTE: ALL MILES DRIVEN PRIOR TO 9/1/2005
 LINE 31: 0
 LINE 32: 0
 LINE 34: NO
 LINE 35: YES
 LINE 36: YES NOTE: DO NOT TAKE MILEAGE EXPENSE

FORM 4684, PAGE 2:

INCIDENT DATE: 3/24/2005

SECTION B:

PART I:

LINE 19:	TYPE	LOCATION	DATE ACQUIRED
PROPERTY A:	SILO-DESTROYED BY TORNADO	CHEESETOWN PA	3/24/1984

PROPERTY A

LINE 20: 12,640
 LINE 21: 8,000
 LINE 23: 12,640
 LINE 24: 0

PART II:

LINE 34:	(a)	(b)(i)
	SILO-DESTROYED BY TORNADO	4,640

FORM 4797:

PART II:
 LINE 14: -4,640

FORM 4797 CON'T:**PART III:**

LINE 19A:	(a)	(b)	(b)
	TRACTOR	8/1/2004	12/31/2005

PROPERTY TYPE: 1245**PROPERTY A**

LINE 20:	17,730
LINE 21:	18,000
LINE 22:	4,995

FORM 4835 #1:**LINE A:** NO**PART I:****LINE 1:** 12,460**PART II:****LINE 19a:** 1,460**LINE 27:** 260

FORM 4835 #2:**LINE A:** NO**PART I:****LINE 1:** 3,600**PART II:****LINE 18:** 750**LINE 19a:** 2,100**LINE 27:** 632

FORM 4952**PART I:****LINE 1:** 60**LINE 2:** 11

FORM 8283:**SECTION B:****PART I:****LINE 4:** ART CONTRIBUTION OF LESS THAN \$20,000**LINE 5A:**

(a)	(b)	(c)	(d)	(e)	(f)
PAINTING	EXCELLENT	7,000	02/1989	PURCHASED	5,100

FORM 8283 CON'T:

PART IV:

DATE:

9/12/2005

DOES THE ORGANIZATION INTEND TO USE PROPERTY FOR UNRELATED USE:

NO

NAME OF CHARITABLE ORGANIZATION:

CHEESETOWN MUSEUM

NOTE: 50% CHARITABLE ORGANIZATION

EIN: 23-1421452

ADDRESS: MAIN ST CHEESETOWN PA 17201

FORM 8396:

ADDRESS: 1644 FELINE DR
CHEESETOWN PA 17201

PART I:

LINE 1: 1,352
LINE 2: 10%
LINE 6: 120

FORM PAYMENT: ACH DEBIT

ROUTING TRANSIT NUMBER: 312345699
BANK ACCOUNT NUMBER: 12345678999
TYPE OF ACCOUNT: CHECKING
AMOUNT: 527
PAYMENT DATE: 4/17/2006
DAYTIME PHONE: 814-555-1024
FORM: 1040E
ETD TRANSMISSION FORM TYPE:

ETD TRANSMISSION:

FORM 9465:

LINE 3: (814)555-1024 1:00PM
LINE 4: (LEAVE BLANK)
LINE 5: NONE
LINE 6: (LEAVE BLANK)

LINE 7: FORM 1040
LINE 8: 2005
LINE 9: 1,507
LINE 10: 527
LINE 11: 300
LINE 12: 16

TAXPAYER PIN: 19821
SPOUSE PIN: 29821
PRIOR YEAR AGI: 0
SIGNATURE DATE: 4/17/2006

TEST #31

FORMS REQUIRED: FORM 1040, SCH B, SCH E, SCH E PG 2, SCH R, FORM 982,
FORM 3800, FORM 6251, FORM 8582-CR, FORM 8586, FORM 8609,
FORM 8609A, FORM 8611, FORM 8830

INFORMATION RETURNS ATTACHED: 1099-R (1)

ENTRIES NOT REQUIRING FORMS:

STATEMENTS:

OTHER: TOTAL SOCIAL SECURITY BENEFITS RECEIVED: 1,600

THIRD PARTY DESIGNEE: NONE

PREPARED BY:

TAXPAYER:

NAME:	TEST L PARTNER	SSN:	400-00-1031
DOB:	5/15/1955	OCCUPATION:	PROPERTY MANAGER
DISABLED:	YES	PRES ELEC FUND:	NO
DAYTIME PHONE:	NOT GIVEN	BLIND:	NO

CHECK DIGITS FROM IRS LABEL: BY

ADDRESS: 123 FRIGID LN
STARKWEATHER, ND 58377

FILING STATUS: SINGLE **LINE 6d:** 1

SCHEDULE B:

PART I:			
LINE 1:	FIRST BANK	7,500	ACCRUED
PART II:			
LINE 5:	GATEWAY	4,000	QUALIFIED
PART III:			
LINE 7a:	NO		
LINE 8:	NO		

SCHEDULE E:

NOTE: DID NOT ACTIVELY PARTICIPATE

PART I:

LINE 1A: RENTAL HOUSE
150 HELPFUL HEIGHTS STARKWEATHER, ND

LINE 2A: NO

SCHEDULE E CON'T:

LINE 3A: 6,545
LINE 20: 4,545

BACKGROUND INFORMATION:

DESCRIPTION: HOUSE
PLACED IN SERVICE: 8/1/2001
BASIS: 125,000
RECOVERY PERIOD: 27.5
CONVENTION: MM
METHOD: SL

SCHEDULE E, PAGE 2:

PART II:

LINE 27: NO

LINE 28A(a): NATURAL DISCOVERIES
LINE 28A(b): P
LINE 28A(d): 45-0000827
LINE 28A(g): 1,500

LINE 28B(a): ACQUIRED PROPERTIES
LINE 28B(b): P
LINE 28B(d): 45-0000828
LINE 28B(g): 1,000

SCHEDULE R:

PART I:

LINE 2: X

PART II:

LINE 2: X

FORM 982:

PART I:

LINE 1(b): X
LINE 2: 800
LINE 3: NO

PART II:

LINE 7: 267

FORM 3800:

PART I:

LINE 3: 1,700
LINE 5: 490

FORM 8582-CR:

PART I:
LINE 3a: 200
LINE 4a: 1,500
LINE 6: 291

PART IV:
LINE 35: 331

FORM 8586:

PART I:
LINE 1: 1
LINE 2: NO

FORM 8609:

NOTE: CREDIT IS FROM RENTAL HOUSE ON SCH E
LINE A: 150 HELPFUL HEIGHTS
STARKWEATHER, ND 58377
LINE B: HOUSING CREDIT AUTHORITY
100 MAIN STREET
BISMARCK, ND 58505
LINE C: TEST L PARTNER
123 FRIGID LANE
STARKWEATHER, ND 58377
400-00-1031
LINE D: 98-7654000
LINE E: 123143150
LINE 1a: 12/15/2005
LINE 1b: 9,988
LINE 2: 7.99
LINE 3a: 125,000
LINE 5: 1/1/2004
LINE 6b: X

FORM 8609A:

NOTE: CREDIT IS FROM RENTAL HOUSE ON SCH E
LINE A: 123143150
LINE B: NEWLY CONSTRUCTED OR EXISTING BUILDING X
LINE C: YES
LINE D: YES
LINE E: NO
LINE 1: 250,000
LINE 2: 0.5
LINE 5: 0.0799
LINE 14: 9,788
LINE 16: 200

NOTE: ENTIRE CREDIT HAS NOT BEEN CLAIMED
IN PRIOR YEARS

FORM 8611

NOTE: CREDIT RECAPTURE IS FROM PARTNERSHIP ON SCH E, PG 2
LINE C: 123 CARING PLACE
STARKWEATHER ND 58377
LINE D: 978143145
LINE E: 5/5/1998
LINE 8: 560 **NOTE:** FROM 1065 K1 LINE 15
LINE 11: SECTION 42(j) (5)

FORM 8830

PART I:
LINE 3: 1,500 **NOTE:** CREDIT IS FROM PARTNERSHIP ON SCH E, PG 2

ETD TRANSMISSION:**FORM 4868:**

LINE 4: 560
LINE 5: 350
LINE 6: 210
LINE 7: 210

TEST #32

FORMS REQUIRED: FORM 1040EZ

INFORMATION RETURNS ATTACHED:
FORM W-2 (1)

ENTRIES NOT REQUIRING FORMS:
FORM 1040EZ, LINE 2: 370

STATEMENTS:

OTHER: STATE ONLY RETURN

THIRD PARTY DESIGNEE: NONE

PREPARED BY:

TAXPAYER:

NAME:	TEST A EAU DE TOILETTE	SSN:	400-00-1032
DOB:	1/4/1977	OCCUPATION:	SALES CLERK
DISABLED:	NO	PRES ELEC FUND:	YES
DAYTIME PHONE:	NOT GIVEN	BLIND:	NO

CHECK DIGITS FROM IRS LABEL: TV

ADDRESS: 5 GOTTA SMELL GOOD ST
OTTO, NC 28763

FILING STATUS: SINGLE

ETD TRANSMISSION:

FORM 4868:

LINE 4:	116
LINE 5:	932
LINE 6:	0

TEST #33

FORMS REQUIRED: FORM 1040A, SCH 1 **EFIN:** 999998

INFORMATION RETURNS ATTACHED:

FORM 1099R (2)

ENTRIES NOT REQUIRING FORMS:

FORM 1040A, LINE 14a: 23,000

TAXPAYER 12,000

SPOUSE 11,000

STATEMENTS:**OTHER:**

THIRD PARTY DESIGNEE: NONE

PREPARED BY:

TAXPAYER:

NAME:	TEST Y INSIGHTFUL	SSN:	400-00-1033
DOB:	3/15/1941	OCCUPATION:	RETIRED
DISABLED:	NO	PRES ELEC FUND:	NO
DAYTIME PHONE:	NOT GIVEN	BLIND:	NO

SPOUSE:

NAME:	IRENE K INSIGHTFUL	SSN:	400-00-2033
DOB:	5/12/1939	OCCUPATION:	RETIRED
DISABLED:	NO	PRES ELEC FUND:	NO
		BLIND:	YES

CHECK DIGITS FROM IRS LABEL: CI

ADDRESS: 512 HOWARD DR
WINTER PARK, FL 32789

FILING STATUS: MARRIED FILING JOINT **LINE 6d:** 2

SCHEDULE 1:

PART 1:	
LINE 1:	CORPORATE BONDS 12,000

ETD TRANSMISSION:**FORM 4868:**

LINE 4:	753
LINE 5:	0
LINE 6:	753
LINE 7:	753

SELF-SELECT PIN INFORMATION:

JURAT/DISCLOSURE VERSION INDICATOR:	C
PAID PREPARER SIGNATURE:	EFIN + 28734
PRIMARY TAXPAYER SIGNATURE:	19360
SPOUSE SIGNATURE:	19340
PIN TYPE:	S

AUTHENTICATION RECORD:

PRIMARY PRIOR YEAR AGI:	26,500
PRIMARY DATE OF BIRTH:	3/15/1941
SPOUSE PRIOR YEAR AGI:	26,500
SPOUSE DATE OF BIRTH:	5/12/1939
TAXPAYER SIGNATURE DATE:	2/12/2006

TEST #34

FORMS REQUIRED: FORM 1040, SCH E PG2, SCH H, **EFIN:** 999999
FORM 2441, FORM 8275-R, FORM 8379,
FORM 8606, FORM 8812

INFORMATION RETURNS ATTACHED:
FORM W-2 (2), FORM 1099R (1)

ENTRIES NOT REQUIRING FORMS:

FORM 1040, LINE 20a:	TAXPAYER	13,000
FORM 1040, LINE 32:	TAXPAYER	1,000
	SPOUSE	1,000

STATEMENTS: FORM 1040, LINE 6c, DEPENDENT LIST

OTHER: FORM 1040, UPPER LEFT HAND CORNER: INJURED SPOUSE

THIRD PARTY DESIGNEE:

NAME:	JOHN DOE
PHONE:	888-555-1111
PIN:	11112

PREPARED BY:

TAXPAYER:

NAME:	TEST T HAMMER	SSN:	400-00-1034
DOB:	7/7/1940	OCCUPATION:	CONSTRUCTION
DISABLED:	NO	PRES ELEC FUND:	YES
DAYTIME PHONE:	NOT GIVEN	BLIND:	NO

SPOUSE:

NAME:	MARY B HAMMER	SSN:	400-00-2034
DOB:	9/10/1965	OCCUPATION:	BANK TELLER
DISABLED:	NO	PRES ELEC FUND:	NO
		BLIND:	NO

CHECK DIGITS FROM IRS LABEL: IH

ADDRESS: 74 BUILDER DR
GREENVILLE, SC 29601

FILING STATUS: MARRIED FILING JOINT **LINE 6d:** 8

DEPENDENT INFORMATION:

NAME	AGE	SSN	RELATIONSHIP	# MO	CHILD TAX CREDIT
BILL HAMMER	19	400-55-3034	SON	12	
BOB HAMMER	12	400-55-4034	SON	12	X
KIM HAMMER	10	400-55-5034	DAUGHTER	12	X
KATIE HAMMER	9	400-55-6034	DAUGHTER	12	X
LEAH HAMMER	6	400-55-7034	DAUGHTER	12	X
LANCE HAMMER	4	400-55-8034	SON	12	X

SCHEDULE E, PAGE 2 (SPOUSE):**PART II:**

LINE 27: NO

LINE 28A(a): BD PARTNERSHIP

LINE 28A(b): P

LINE 28A(d): 57-1111117

LINE 28A(g): 7,000

SCHEDULE H:

NAME OF EMPLOYER: TEST T HAMMER

EIN: 57-1212123

LINE A: YES

PART I:

LINE 1: 2,200

LINE 3: 2,200

LINE 9: YES

PART II:

LINE 10: YES

LINE 11: YES

LINE 12: YES

LINE 13: SC

LINE 14: 3745452

LINE 15: 136

LINE 16: 2,200

LINE 28: YES

FORM 2441:**PART I:**

LINE 1:	(a)	(b)	(c)	(d)
	KINDER CARE	12 FUN ST GREENVILLE, SC 29601	57-4322211	3,000

PART II:

LINE 2:	(a)	(b)	(c)	
	LANCE HAMMER	400-55-8034	2,000	NOTE: TOTAL PAID 3000

NOTE: COLUMN C FOR DEPENDENT IS ADJUSTED BY \$1000 OF EXCLUDED BENEFITS

LINE 3: 2,000

PART III:

LINE 14: 3,400

FORM 8275-R:**PART I:****LINE 1:**

(a)	(b)	(c)	(d)	(e)	(f)
2D 99-5187	1065	RACE CAR OPERATING EXPENSES	E	28A	5,000

PART II:

LINE 1: RACE CAR OPERATING EXPENSES WITH COMPANY ADVERTISING. RACE CAR HAS COMPANY LOGO ON THE SIDE.

PART III:

LINE 1: BD PARTNERSHIP
1000 MAIN ST
GREENVILLE, SC 29601

LINE 2: 57-1111117

LINE 3: 01/01/2005-12/31/2005

LINE 4: ATLANTA, GA

FORM 8379:**PART I:**

LINE 1: NAME: TEST T HAMMER **SSN:** 400-00-1034

NAME: MARY B HAMMER **SSN:** 400-00-2034 *NOTE: INJURED SPOUSE*

LINE 5: X

LINE 6: NO

PART II:

	(a)	(b)	(c)
LINE 7a:	28,400	1,000	27,400
LINE 7b:	11,700	7,000	4,700
LINE 8:	2,000	1,000	1,000
LINE 9:	11,000	5,500	5,500
LINE 10:	8	4	4
LINE 11:	2,761	1,044	1,717
LINE 12:	355		355
LINE 13:	500		500

FORM 8606:

NAME: TEST T HAMMER **SSN:** 400-00-1034

PART III:

LINE 19: 1,400

LINE 20: 500

LINE 24: 400

ETD TRANSMISSION:**FORM 4868:**

LINE 4: 355

LINE 5: 3,110

LINE 6: 0

TEST #35

FORMS REQUIRED: FORM 1040A, SCH 1

EFIN: 999999

INFORMATION RETURNS ATTACHED: FORM W-2 (2)

ENTRIES NOT REQUIRING FORMS:

STATEMENTS:

OTHER: DEPENDENT OF ANOTHER

THIRD PARTY DESIGNEE: NONE

PREPARED BY:

TAXPAYER:

NAME: TEST O MAPLE
DOB: 4/15/1987
DISABLED: NO
DAYTIME PHONE: 201-555-1111

SSN: 400-00-1035
OCCUPATION: TREE TRIMMER
PRES ELEC FUND: YES
BLIND: NO

CHECK DIGITS FROM IRS LABEL: KX

ADDRESS: 7842 WEeping WILLOW LN
AUDUBON, NJ 08106-7842

FILING STATUS: SINGLE

LINE 6d: 0

SCHEDULE 1:

PART I:

LINE 1: FIRST SECURITY
MONEY BANK

6,500

1,000

TAX EXEMPT

PART II:

LINE 5: DOW SMITH

3,000

NON-QUALIFIED

ETD TRANSMISSION:

FORM 4868:

LINE 4: 1,026
LINE 5: 1,360
LINE 6: 0

ON-LINE JURAT INFORMATION - FORM 8453-OL REQUIRED

JURAT/DISCLOSURE VERSION INDICATOR: B

AUTHENTICATION RECORD:

PRIMARY DATE OF BIRTH: 4/15/1987

TAXPAYER SIGNATURE DATE: 3/21/2006

PIN TYPE CODE:

TRANA DATA:

SEQ 0170:

TRANSMISSION TYPE CODE:

O PATS.PATS.PATS.PATS.PATS.PATS.PATS.PATS

SUMMARY RECORD DATA:

SEQ 0190:

IP ADDRESS:

SEQ 0195:

IP EMAIL ADDRESS:

MAPLE@XYZ.COM

SEQ 0200:

IP DATE:

20060321

SEQ 0210:

IP TIME:

110700

SEQ 0215:

IP TIME ZONE:

ES

SEQ 0220:

E-MAIL INDICATOR:

Y

TEST #36**FORMS REQUIRED:** FORM 1040A, SCH 1**INFORMATION RETURNS ATTACHED:** FORM 1099R (2)**ENTRIES NOT REQUIRING FORMS:**

FORM 1040A, LINE 14a:		23,000
TAXPAYER	12,000	
SPOUSE	11,000	

STATEMENTS:**OTHER:****THIRD PARTY DESIGNEE:** NONE**PREPARED BY:****TAXPAYER:**

NAME:	TEST Y INSIGHTFUL	SSN:	400-00-1036
DOB:	3/15/1941	OCCUPATION:	RETIRED
DISABLED:	NO	PRES ELEC FUND:	NO
DAYTIME PHONE:	NOT GIVEN	BLIND:	NO

SPOUSE:

NAME:	IRENE K INSIGHTFUL	SSN:	400-00-2036
DOB:	5/12/1938	OCCUPATION:	RETIRED
DISABLED:	NO	PRES ELEC FUND:	NO
		BLIND:	YES

CHECK DIGITS FROM IRS LABEL: CI**ADDRESS:** 512 HOWARD DR
WINTER PARK, FL 32789**FILING STATUS:** MARRIED FILING JOINT **LINE 6d:** 2**SCHEDULE 1:**

PART 1:	
LINE 1:	CORPORATE BONDS 12,000

ETD TRANSMISSION:**FORM 4868:**

LINE 4:	753
LINE 5:	0
LINE 6:	753
LINE 7:	753

ON-LINE JURAT INFORMATION SELF-SELECT PIN :

JURAT/DISCLOSURE VERSION INDICATOR: A
PRIMARY TAXPAYER SIGNATURE: 19360
SPOUSE SIGNATURE: 19340

AUTHENTICATION RECORD:

PRIMARY PRIOR YEAR AGI: 26,500
PRIMARY DATE OF BIRTH: 3/15/1941
SPOUSE PRIOR YEAR AGI: 26,500
SPOUSE DATE OF BIRTH: 5/12/1938
TAXPAYER SIGNATURE DATE: 2/12/2006
PIN TYPE CODE: 0

TRANA DATA:

SEQ 0170: TRANSMISSION TYPE CODE:
O PATS.PATS.PATS.PATS.PATS.PATS.PATS.PATS

SUMMARY RECORD DATA:

SEQ 0190: IP ADDRESS:
SEQ 0200: IP DATE: 20060212
SEQ 0210: IP TIME: 110700
SEQ 0220: E-MAIL INDICATOR: N

TEST #37

FORMS REQUIRED: FORM 1040, SCH B, SCH E, SCH E PG 2, SCH F, FORM 4563, FORM 5074,
FORM 5471, FORM 5713, FORM 8854, FORM 8865, FORM 8886, FORM T

INFORMATION RETURNS ATTACHED: W-2 (2)

ENTRIES NOT REQUIRING FORMS: FORM 1040, LINE 65: 18,000

STATEMENTS: FORM 8854, SCHEDULE A, LINE 8

OTHER: TAXPAYER LIVED IN AMERICAN SAMOA THE ENTIRE TAX YEAR
TAXPAYER PURCHASED A PERMANENT RESIDENCE IN AMERICAN SAMOA
STANDARD DEDUCTION IS LIMITED BASED ON ALLOCATION BETWEEN EXCLUDED
INCOME & TOTAL INCOME

THIRD PARTY DESIGNEE: NONE

PREPARED BY: TAXPAYER

TAXPAYER:

NAME:	TEST C MAKERS	SSN:	400-00-1037
DOB:	6/19/1950	OCCUPATION:	ENTREPRENEUR
DISABLED:	NO	PRES ELEC	
DAYTIME PHONE:	NOT GIVEN	FUND:	NO
		BLIND:	NO

CHECK DIGITS FROM IRS LABEL: CI

ADDRESS: 147 WEST BURLINGTON ST
ST PAUL, MN 55145

FILING STATUS: SINGLE **LINE 6d:** 1

SCHEDULE B:

PART II:		
LINE 5:	LOTS OF EXPORTS, INC	26,000
PART III:		
LINE 7a:	YES	
LINE 7b:	BAHAMAS	
LINE 8:	NO	

SCHEDULE E:**PART 1:**

LINE 1A: COMMERCIAL BUILDING
12 SHELL DR FREEPORT, GRAND BAHAMA ISLAND

LINE 2A: NO

LINE 3A: 20,381

LINE 12A: 1,000

LINE 14A: 1,000

LINE 20A: 2,381

BACKGROUND INFORMATION:

DESCRIPTION: OFFICE BUILDING

PLACED IN SERVICE: 8/1/1991

BASIS: 75,000

RECOVERY PERIOD: 31.5

CONVENTION: MM

METHOD: SL

LINE 1B: COMMERCIAL BUILDING
461 PARADISE RD FREEPORT, GRAND BAHAMA ISLAND

LINE 2B: NO

LINE 3B: 25,730

LINE 9B: 1,000

LINE 12B: 1,000

LINE 14B: 1,000

LINE 20B: 2,730

BACKGROUND INFORMATION:

DESCRIPTION: OFFICE BUILDING

PLACED IN SERVICE: 6/1/1988

BASIS: 86,000

RECOVERY PERIOD: 31.5

CONVENTION: MM

METHOD: SL

SCHEDULE E, PAGE 2:**PART II:**

LINE 27: NO

LINE 28A(a): OVERSEAS BROKERS

LINE 28A(b): P

LINE 28A(c): X

LINE 28A(g): 29,500

SCHEDULE F:

NAME OF PROPIETOR: TEST C MAKERS **SSN:** 400-00-1037

LINE A: TIMBER

LINE B: 113000

LINE C: CASH

LINE E: YES

SCHEDULE F CON'T:**PART I:**

LINE 4:	30,000	
LINE 24:	3,400	
LINE 34:	40,000	DEPLETION
LINE 37a:	X	

FORM 4563:

LINE 1:	1/1/2004; CONTINTUES
LINE 2:	PURCHASED HOME
LINE 3(a):	NO
LINE 4(a):	NO
LINE 5:	MONEY MAKER INVESTMENTS 4256 HARRISON DR ATLANTA, GA 30348
LINE 6(a):	12/23/2005
LINE 6(b):	12/28/2005
LINE 6(c):	6
LINE 6(d):	VISITING FAMILY IN US FOR HOLIDAYS
LINE 7:	27,000

FORM 5074:**GUAM****PART I:**

LINE 1:	7,500
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PART III:

LINE 32:	750
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FORM 5471:

LINE B:	CATEGORY OF FILER: 4
LINE C:	51%
FILERS TAX YEAR:	01/01/2005 – 12/31/2005
LINE 1a:	LOTS OF EXPORTS, INC PO BOX F-127A FREEPORT, GRAND BAHAMA ISLAND
LINE 1c:	BAHAMAS
LINE 1d:	6/18/2002
LINE 1e:	BAHAMAS
LINE 1f:	315230
LINE 1g:	WOMEN'S & GIRL'S CUT & SEW APPAREL MFG
LINE 1h:	BAHAMIAN DOLLAR
LINE 2c:	JACKSON T FISCHER PO BOX G-4267 FREEPORT, GRAND BAHAMA ISLAND

SCHEDULE A:

PART I:	(a)	(b)	(c)	(d)	(e)
			BEGINNING		ENDING
	COMMON STOCK		200		200
	PREFERRED STOCK		100		100

SCHEDULE B:

	(a)	(b)	(c)	(d)	(e)
1ST SHAREHOLDER:	TEST C MAKERS 147 WEST BURLINGTON ST ST PAUL, MN 55145 400-00-1037	COMMON PREFERRED	102 51	102 51	51%
2ND SHAREHOLDER:	JACKSON T FISCHER PO BOX G-4267 FREEPORT, GRAND BAHAMA ISLAND 400-55-2037	COMMON PREFERRED	38 19	38 19	19%
3RD SHAREHOLDER:	MADISON SMITH PO BOX A-7788 FREEPORT, GRAND BAHAMA ISLAND 400-55-3037	COMMON PREFERRED	30 15	30 15	15%
4TH SHAREHOLDER:	JACK BLACK 147 WINSTON CIRCLE FREEPORT, GRAND BAHAMA ISLAND 400-55-4037	COMMON PREFERRED	30 15	30 15	15%

SCHEDULE C:

	FUNCTIONAL CURRENCY	US DOLLARS
LINE 1a:	174,000	174,000
LINE 2:	57,000	57,000
LINE 8:	26,000	26,000
LINE 10:	25,000	25,000
LINE 11:	16,000	16,000
LINE 13:	6,000	6,000

SCHEDULE F:

	(a)	(b)
LINE 1:	7,500	7,200
LINE 3:	23,000	27,000
LINE 4:	3,000	2,000
LINE 8a:	10,000	12,000
LINE 8b:	5,500	6,800
LINE 14:	8,000	8,300
LINE 18a:	12,500	12,500
LINE 18b:	10,000	10,000
LINE 20:	7,500	10,600

SCHEDULE G:

LINE 1: NO
LINE 2: NO
LINE 3: NO

SCHEDULE H:

LINE 1: 96,000
LINE 2b: 1,300 NET ADDITIONS
LINE 5d: 1 EXCHANGE RATE

SCHEDULE I:

LINE 1: 26,000
WAS ANY INCOME OF THE FOREIGN CORPORATION BLOCKED: NO
DID ANY SUCH INCOME BECOME UNBLOCKED DURING THE TAX YEAR: NO

SCHEDULE M:

RELEVANT FUNCTIONAL
CURRENCY: BAHAMIAN DOLLAR
EXCHANGE RATE USED: 1

(a)
LINE 15: 16,000

FORM 5713:

TAX YEAR: 01/01/2005 TO 12/31/2005
ADDRESS OF SERVICE CENTER: PHILADELPHIA, PA
TYPE OF FILER: INDIVIDUAL

LINE 1: 85,600
LINE 7(a): NO
LINE 7(c): NO
LINE 7(d): NO
LINE 7(e): NO
LINE 7(f): NO
LINE 7(g): NO
LINE 7(h): NO
LINE 7(i): NO
LINE 7(j): NO

PART I:

LINE 8: YES
LINE 8a(1): KUWAIT
LINE 8a(2): 400-00-1037
LINE 8a(3): 315230
LINE 8a(4): WOMEN'S & GIRL'S CUT & SEW APPAREL MFG
LINE 9: NO
LINE 10: NO
LINE 11: NO
LINE 12: NO

FORM 5713 CON'T:**PART II:**

LINE 13a(1)(a):	REQUESTS:	NO
	AGREEMENTS:	NO
LINE 13a(1)(b):	REQUESTS:	NO
	AGREEMENTS:	NO
LINE 13a(1)(c):	REQUESTS:	NO
	AGREEMENTS:	NO
LINE 13a(1)(d):	REQUESTS:	NO
	AGREEMENTS:	NO
LINE 13a(2):	REQUESTS:	NO
	AGREEMENTS:	NO

FORM 8854:**INITIAL INFORMATION STATEMENT:** X**PART I:****LINE 1:** 400-00-1037**LINE 2:** 12 WEST HILL ST FREEPORT, GRAND BAHAMA ISLAND
242-322-2796**LINE 5(a):** X
12/31/2005 (DATE NOTIFICATION GIVEN)**PART II:**

LINE 6:	1ST YEAR:	10,462
	2ND YEAR:	9,644
	3RD YEAR:	11,682
	4TH YEAR:	7,077
	5TH YEAR:	8,016

LINE 7: 895,500**LINE 8:** NO**LINE 9:** NO**LINE 10:** NO**LINE 11:** YES**SCHEDULE A:**

	(a)	(b)
LINE 1:	110,000	110,000
LINE 6:	420,000	420,000
LINE 8:	109,500	109,500
LINE 15:	250,000	250,000
LINE 16:	160,000	160,000
LINE 18:	161,000	161,000
LINE 23:	315,000	315,000

LINE 8 STATEMENT:

NAME	EIN	ASSETS	LIABILITIES
OVERSEAS BROKERS		COMPUTER EQUIPMENT CASH OTHER LIQUID ASSETS	NOTES PAYABLE

FORM 8854 CON'T:

SCHEDULE B:

LINE 9: 85,600
LINE 10: 85,600

FORM 8865:

NOTE: ASSUME THAT SCHEDULES K, L M-1 AND M-2 FROM THE 1065 ARE ATTACHED.

LINE A: CATEGORY OF FILER: 2
LINE B: 01/01/2005 TO 12/31/2005
LINE C: 2,000 (OTHER)
LINE F1: OVERSEAS BROKERS
PO BOX B-4606
FREEPORT, GRAND BAHAMA ISLAND
LINE F3: BAHAMAS
LINE F4: 6/30/2003
LINE F5: BAHAMAS
LINE F6: 523120
SECURITIES
LINE F7: BROKERAGE
LINE F8(a): BAHAMIAN DOLLAR
LINE F8(b): 1.0000

LINE G3: MAXWELL CARTER
PO BOX C-6633
FREEPORT, GRAND BAHAMA ISLAND
LINE G5: NO
LINE G6: 0
LINE G7: PARTNERSHIP

SCHEDULE A:

BOX A: X

SCHEDULE B:

LINE 1a: 210,000
LINE 9: 35,000
LINE 11: 1,500
LINE 13: 20,000
LINE 14: 6,000

SCHEDULE N:

LINE 15: 20,000

SCHEDULE K-1:

PART I:

BOX B: PARTNERSHIP'S NAME, ADDRESS, & ZIP CODE:

OVERSEAS BROKERS
PO BOX B-4606
FREEPORT, GRAND BAHAMA ISLAND

FORM 8865 CON'T:**PART II:**

BOX C: PARTNER'S IDENTIFYING NUMBER:
BOX D: PARTNER'S NAME, ADDRESS, & ZIP CODE:

400-00-1037
TEST T MAKERS
147 WEST BURLINGTON ST
ST PAUL, MN 55145

BOX E: PARTNER'S SHARE OF PROFIT, LOSS AND DEDUCTIONS:

	BEGINNING	ENDING
PROFIT:	20%	20%
LOSS:	20%	20%
CAPITAL:	20%	20%
DEDUCTIONS:	20%	20%

BOX F: ANALYSIS OF PARTNER'S CAPITAL ACCOUNT:

BEGINNING CAPITAL ACCOUNT:	100,000
CURRENT YEAR INCREASE:	29,500
WITHDRAWALS AND DISTRIBUTIONS:	20,000
TAX BASIS:	X

PART III:

BOX 1: 29,500

FORM 8886:

LINE 1a: ABUSIVE FOREIGN TAX CREDIT INTERMEDIARY TRANSACTION

LINE 1b: 12345678912

LINE 2a: X (LISTED TRANSACTION)

LINE 3: NOTICE 2004-20 ACQUISITION & SALE OF FOREIGN CORPORATION
STOCK UNDER SECTION 338 OF IRC

LINE 4: 1

LINE 6(a): PHILLIP UNDERWOOD

LINE 6(b): 145 PLAZA SQUARE, SUITE 3
TRENTON, NJ 08647

LINE 7: AFTER PURCHASE OF FOREIGN STOCK AN ELECTION UNDER SECTION 338 IS MADE TO
TREAT PURCHASE AS A DEEMED SALE GIVING PURCHASER A STEPPED UP BASIS.
THE SALE OF THE STOCK TO ANOTHER ENTITY DOES NOT CREATE A TAX ON THE
GAIN BUT PROVIDES FOR A FOREIGN TAX CREDIT.

XANADU CORPORATION – SELLER	APARTADO POSTAL 5056 CARACAS 1010A
MIDAS CORPORATION – MIDDLEMAN	176 WEST MAIL PLAZA TRENTON, NJ 08647
TEST C MAKERS – FINAL PURCHASE	

LINE 8: THE SALE OF STOCK CREATES A FOREIGN TAX ON THE GAIN BUT NO US TAXABLE
INCOME. THE FOREIGN TAX IS THEN USED TO CLAIM A CREDIT FOR TAXES PAID
EVEN THOUGH INCOME IS NOT ON US RETURN. ALSO PROVIDES A STEPPED UP
BASIS IN THE STOCK.

LINE 9: TAX YEAR 2005 – 12,000

FORM T:

NOTE: *ELECTING UNDER SECTION 631(a) TO TREAT THE CUTTING OF TIMBER AS A SALE OR EXCHANGE*

PART III:

LINE 34: BLOCK – NORTHWEST
ACCOUNT – TREE TRIMMERS

LINE 35: CLACKAMUS, OREGON

LINE 36a: NATIONWIDE SAWMILLS, INC
145 FLAGSHIP DR
OKLAHOMA CITY, OK 73126

LINE 36b: 7/1/2005

LINE 37a: 30,000

LINE 40a:	# OF UNITS	COST	TOTAL COST
	10	4,000	40,000

LINE 40i: 3,400

TEST #38

FORMS REQUIRED: FORM 1040, FORM 8833

INFORMATION RETURNS ATTACHED:

W-2 (1)

ENTRIES NOT REQUIRING FORMS:

STATEMENTS:

OTHER:

THIRD PARTY DESIGNEE: NONE

PREPARED BY: TAXPAYER

TAXPAYER:

NAME:	TEST A RESARCH	SSN:	400-00-1038
DOB:	2/14/1971	OCCUPATION:	INTERIOR DECORATOR
DISABLED:	NO	PRESIDENTIAL ELECTION FUND:	NO
DAYTIME PHONE:	NOT GIVEN	BLIND:	NO

CHECK DIGITS FROM IRS LABEL: CI

ADDRESS: 146 KASHEN UNIVERSITY DR
SPRUCE PINE, NC 28777

FILING STATUS: SINGLE LINE 6d: 1

FORM 8833:

ADDRESS IN COUNTRY OF RESIDENCE: POST 4b MEINERZHAGEN
58540 GERMANY

ADDRESS IN UNITED STATES: 146 KASHEN UNIVERSITY DR
SPRUCE PINE, NC 28777

TAXPAYER IS DISCLOSING A TREATY-BASED RETURN POSITION: X

LINE 1a: GERMANY
LINE 1b: ARTICLE 20
LINE 2: IRC SECTION 1
LINE 3: NORTH CAROLINA UNIVERSITY
101 WILDCAT DR
SPRUCE PINE, NC 28777
LINE 5: THE TREATY ALLOWS RESIDENTS OF GERMANY TO EXEMPT TEACHING INCOME FROM
US TAX FOR 2 YEARS. TAXPAYER WAS BROUGHT OVER TO HELP WITH CULTURAL
INTERIOR DESIGN FOR A NEW BUILDING BUT ENDED UP TEACHING A GERMAN
CULTURE AND RESEARCH CLASS FOR 22% OF THE TIME. THIS \$10,000
ATTRIBUTABLE TO TEACHING SHOULD BE EXEMPT UNDER THE TREATY.